# MEDICAL ETHICS

ROBERT SAUNDBY, M.D.

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# MEDICAL ETHICS.

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# MEDICAL ETHICS:

## A GUIDE TO

## PROFESSIONAL CONDUCT.

BY

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HON. LL.D., M'GILL; HON. M.SC., BIRM.; FELLOW OF THE ROY. COLL. OF PHYS. OF LOND.; MEMBER OF THE GENERAL MEDICAL COUNCIL; VICE.-PRES., LATE PRES. OF THE COUNCIL OF THE BRIT. MED. ASSOC.; EMERITUS SEN. PRES. OF THE ROY. MED. SOC.; FELLOW OF THE ROY. MED. AND CHIR. SOC.; MEMBER OF THE PATHOL. SOC. OF LOND.; PROF. OF MEDICINE IN THE UNIV. OF BIRM.; PHYS. TO THE GEN. HOSP., BIRM.; CONSULT. PHYS. TO THE BIRM. AND MIDLAND EYE HOSP., AND TO THE WEST BROMWICH HOSP.; LATE EXAMINER IN MEDICINE TO THE EXAMINING BOARD FOR ENGLAND.

**Second Edition, Enlarged and Rewritten.**

LONDON:

CHARLES GRIFFIN & COMPANY, LIMITED;

EXETER STREET, STRAND.

1907.

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# PREFACE TO THE SECOND EDITION.

THE first edition being out of print, partly in consequence of a fire at the publishers, I am venturing to issue a second edition in the hope that the work is useful. Since the first edition appeared in 1902 I have delivered two summer courses of lectures on Medical Ethics in the University of Birmingham, and I have gleaned some material from the hundreds of ethical questions which I have had each year to consider, and to which I have furnished replies. I was tempted to publish my University lectures very much as they were delivered, but, on duly considering the matter, I thought it more convenient for those who may consult these pages if the alphabetical arrangement were continued, supplementing this by marginal references and a full index.

ROBERT SAUNDBY.

BIRMINGHAM,
*June, 1907.*

# PREFACE TO THE FIRST EDITION.

THE subject of Medical Ethics is at present attracting great attention, not only in this country, but abroad. In Germany we hear of the establishment of Medical Courts of Honour before which medical men may be brought for breaches of professional rules, and which possess the power of inflicting fines and other punishments. In France a course of lectures on so-called "Medical Deontology" has been delivered during the past few years in Paris, under the semi-official recognition of the Faculty of Medicine. The author has frequently heard students and young practitioners regret the absence of any similar instruction or guide in the United Kingdom. Undoubtedly one or two published codes exist, but they deal with only a part of the questions which constantly arise. The following pages are founded for the most part upon actual cases, and decisions which have been given in the leading medical journals during the past few years. It is therefore probable that other points than those treated in the text will arise, but the author prefers to leave these to be dealt with in future editions, rather than to quit the firm ground of actual fact.

Although they are in no way to be held accountable for any of the views expressed, the author desires to acknowledge the great assistance he has received from many friends who have kindly read the manuscript or proofs of this book. Among these he would especially mention Dr. H. Langley Browne, Sir Henry C. Burdett, K.C.B.; Mr. T. Garrett Horder, Dr. Donald MacAlister, Mr. C. E. Mathews, Mr. M. A. Messiter, Mr. James Neal, Dr. James W. Russell, Dr. T. W. Thursfield, and Dr. Dawson Williams.

BIRMINGHAM,
*June, 1902.*

# MEDICAL ETHICS.

## INTRODUCTION.

No solid basis for medical ethics.

It is not more easy to find a solid basis for medical ethics than for general ethics, which latter problem has puzzled philosophers in all times. Socrates, Plato, and Aristotle were content to take common opinion, the current morality of the time, as a sufficient basis, but later criticism sometimes refuses to accept a standard which varies in different stages of civilisation and even among different classes of the same people living at the same time; yet, with the exception of the period during which the teaching of Christ was universally regarded as the inspired Word of God, no undisputed foundation for ethics than the better kind of current opinion has been proposed, and this book is merely an attempt to give expression to the views entertained upon the questions treated by what may be called representative medical opinion.

The higher type of current opinion.

The corner stones of medical ethics.

There are three principles which may be regarded as the corner stones of medical ethics. In the relation of a medical practitioner towards his colleagues, he should obey the golden rule, which teaches that, "Whatsoever ye would that men should do to you, do ye even so to them" (*St. Matthew*, vii. 12); in his relations to his patients, their interests should be his highest considerations—"Aegroti salus suprema lex"; in his relation to the State, to the laws of his country, and his civic duties, there is no better guiding principle than the words of the Gospel, "Render, therefore, unto Cæsar the things that be Cæsar's" (*St. Luke*, xx. 25); in other words, obey all lawful authority.

Ethical duty of the medical practitioner to his profession.

The duty that a medical man owes to the profession of which he is a member is one of the highest he is called upon to fulfil, as his obligations to his country can alone be allowed to have greater claims upon him. He should cherish a proper pride in his calling, and disparage it neither by act nor word, but endeavour to increase the public esteem in which it is held by good and worthy deeds.

His life should be discreet and sober, avoiding excess or extravagance of dress and demeanour.

Should support medical societies.

He should support in proportion to his means those organisations which promote professional interests, such as medical libraries, societies which provide opportunities for meeting his colleagues and the discussion of professional subjects of interest, and, lastly, those benevolent funds which, by an annual small sacrifice, afford succour to any who by ill-health or old age are unable to pursue their calling, or relieve the necessitous widows and children of those who die prematurely, victims often to the special dangers of the medical profession.

Should obey duly constituted professional authorities.

He should regard with respect the regulations of all duly constituted professional bodies which are set in authority over him by the laws of his country, or by the rules of those medical societies of which he is voluntarily a member, and he should obey them in spirit as well as in letter.

Should respect the opinion of his colleagues.

He should respect professional opinion, and not stand aloof from movements designed to promote the interests of the profession; if unable to agree with the course adopted by the majority, he should abstain from manifesting publicly his dissent by addressing letters to lay newspapers, but should confine himself to urging his opinions in those professional journals which are open to him.

Duty to his patients.

His position is one of trust.

In all dealings with patients, the interest and advantage of their health should alone influence his conduct towards them. As their trust in the profession is great, so the obligation to be true to their interests is greater, and any signal failure in this respect is wholly discreditable and inexcusable.

Serious penalties for breach of trust.

The consequences of breach of this rule may be most serious from a professional point of view, involving even the removal of the offender's name from the Medical Register, but only the grossest cases are thus brought to light. In most instances the individual's conscience is the sole arbiter, for no one can judge motives, hence there is urgent need to avoid those slight departures from rectitude by which the sensitiveness of this private monitor may become deadened.

Duty of benevolence to all his fellow-men.

The medical practitioner must not only deal honestly with his fellow-men, but he is called upon to show more than usual benevolence towards them, so as to maintain the honourable tradition by which the physician is regarded as the friend of all persons, without respect to race, creed, or social position.

Finally, we have to consider the medical practitioner's relation to the State, either in his simple civil capacity—he being perhaps more mixed up with the administration of the law than any other

unofficial class of men—or as an official administering the Poor Law or the Public Health or Vaccination Acts, or as a medical officer of the Navy, the Army, or the Indian or Colonial Medical Services.

## ADVERTISING.

**Advertising forbidden.**

No medical practitioner should seek publicity by advertisement except in certain recognised ways, as to do so is to attempt to get practice by other than the legitimate means of proficiency in his profession and skill or success in dealing with patients. The only advertisement to the public now permissible is the door-plate, which should be of modest size, and should preferably contain nothing but the practitioner's name, though it is not uncommon to see the words "Physician and Surgeon" or "Surgeon" placed after it. It is not thought right to indicate a speciality upon the door-plate, such as "Ophthalmic Surgeon." It is permitted to put the word "Surgery" upon the window blind, but not to add a tariff of charges; under some circumstances it may not be improper to put the hours of consultation. It is not right to unduly multiply door-plates or to affix one upon a house where the practitioner is not a *bonâ-fide* tenant, but an exception is made in wide-spreading districts where it is necessary that practitioners should be able to indicate houses at which messages may be left, or where under certain circumstances they can be consulted, but it is undesirable that the house selected should be a chemist's shop.

**Door-plates.**

**Multiple door-plates.**

**Advertising medical books in lay press.**

Medical men may justly give to the world the result of their study and experience by publishing books and papers, but these should not be advertised in the lay press or sent widely to lay newspapers for review.

Any advertising for employment, as for an assistantship or partnership, or to take charge of a patient, should appear only in the medical press.

**Names should not appear in commercial advertisements.**

Practitioners who occupy the positions of medical officers to such institutions as hydropathic establishments, which are run upon commercial principles, should refuse to allow their names to be used in advertisements in lay newspapers. The publication of biographical sketches, portraits, and other laudatory notices of medical men in the lay press is to be deprecated, and medical practitioners should not give their consent to this sort of publication.

**Bulletins.**

They should not supply signed bulletins respecting the illness of prominent persons for publication in the press, and they should do

their best to discourage the appearance of paragraphs giving the name of the medical man in attendance upon any person of notability; the only exception to this rule about bulletins is in the case of Royalty. Further, they should not give testimonials to be used in trade advertisements, or sanction the quotation of extracts from their published writings for this purpose.

**Medical testimonials in trade advertisements.**

**Circulars to patients.**

In transferring a practice, or commencing or ending a partnership, or on moving to another house, it is usual and proper to send out a circular, but the greatest care should be taken that copies are sent to *bonâ-fide* patients only.

**Advertising popular lectures.**

In the present day it is common for medical practitioners to be asked to deliver popular lectures upon professional subjects—a practice which is open to abuse either in the subject of the lecture, which is often unsuitable, or in the way in which it is treated, so as to draw attention to the lecturer's ability to treat certain kinds of disease, or in the announcements of the lectures by posters or handbills. These points are constantly giving ground for complaint, and call for the exercise of great care on the part of those who consent to deliver such lectures.

**Advertising applications for hospital appointments.**

The now nearly obsolete practice of candidates for hospital appointments issuing testimonials to hundreds of governors and advertising their letters of application in the lay newspapers is a method of advertisement which has sometimes reached scandalous lengths. The staffs of hospitals where this practice still exists should exert themselves to get it abolished.

Why do we object to advertising? The usual answer that the advertiser is obtaining an undue advantage may be met by the rejoinder that if it were open to everybody there would be nothing unfair about it, although, as advertising is costly, a poor man would suffer. But this is taking a superficial view of the question. If we are to get at its real merits, we must go more deeply into the matter. If a tradesman has an article to sell, he may, in accordance with conventional trade morality, claim for it any qualities he pleases, regardless of the truth of his statements. The object of the advertiser is to claim superiority for the article advertised, and he says as much as he can in the space he pays for. In the case of most trade articles purchasers are competent judges of the quality of the goods, and may be trusted in the long run to buy an article which, if not quite so good as its proprietor asserts, at least serves its purpose; but there is a class of articles, such as patent foods and medicines, of whose value the public cannot judge, and it is concerning these that most lies are told. Medical men know the numerous fallacies which beset the attempt

to draw conclusions from the effects of remedies, and appreciate the small value to be attached to genuine testimonials to their virtues; but these advertised testimonials are often lies, bought and paid for. The absolute or relative worthlessness of most patent foods and medicines has been repeatedly exposed, but such is the power of advertisement that the sales are undiminished and their proprietors are millionaires. The Second Division of the Court of Session (four judges) at Edinburgh gave judgment on Friday, 20th July, 1906, in an appeal against a judgment in the Outer House, in which the Bile Bean Manufacturing Company, Limited, Greek Street, Leeds, sought to interdict an Edinburgh chemist from selling under the name of "Bile Beans" any pills or other articles not made or supplied by the complainers. Interdict was refused in the Outer House, and the Second Division adhered to this judgment. The Lord Justice-Clerk said the bile beans of the complainers were said to be made of Australian vegetable substances discovered by a Charles Forde. The place of the discovery, the mode of it, and the instrument of it were all deliberate inventions, without any foundation in fact. The story was that Charles Forde, who was described as a skilled scientist, had noted the fact that the natives of Australia were free from bodily ailments, and that after research and investigation he had ascertained that that immunity was obtained by the vegetable substances. All that, in every particular, was false. There was never such a person as Charles Forde, and there was no eminent scientist engaged in such research in Australia. The truth was that the complainers had formed a scheme to palm off upon the public a medicine obtained from America, and they created a demand by flooding the country with advertisements, placards, pamphlets, and imaginary pictures. The complainers desired protection for the name "Bile Beans," but being themselves engaged in perpetrating a fraud upon the public, they were not entitled to any such protection. From such tainted sources the proprietors of newspapers and periodicals derive large incomes without public protest, and there is no reason to suppose that public opinion condemns them, or regards with serious disapproval the disregard for truth which notoriously characterises this class of advertisement.

If medical practitioners advertised, the public would be as little able to discriminate the value of their claims as they are now to form an opinion of the real worth of "Bile Beans." There would be the same temptation to the advertiser to make undue claims, and to trust more to notoriety than to merit for his success. There would be in consequence a general lowering of the standard

of the profession, its ranks would be crowded with sharp business men, and the true scientific worker would be elbowed out and starved, until the public found out, as it might do after long years, that a bold liar is not a trustworthy medical adviser, and would demand the re-establishment of the present rules forbidding such methods of seeking practice.

There are cynics who refuse to believe that anyone can be found who sincerely despises that which to the commercial mind is the secret of success, and some of the newspapers which live by this sordid means are angry when asked to leave our names out of the daily *menu* they provide for their readers. A circular letter issued by the direction of the Council of the British Medical Association, calling the attention of newspaper editors to the desire generally entertained by the profession that the names of the medical attendants upon prominent invalids should be omitted, received a very courteous assent from the *Times*, but all editors have not been so amenable, and some have treated the request as if it were an attempt to tamper with the liberty of the press. It is to be hoped that in time all editors of newspapers will recognise that the wishes of the profession in this matter are sincere and deserve to be respected, and that the omission of the names of medical attendants involves the suppression of nothing that is of real public interest.

A lecturer on medical ethics may not claim to be superior to the conventional standard of morals, but he may protest on behalf of his profession against the lax tolerance of contemporary opinion for any means by which money is made, its acceptance of the parvenu, however his success has been obtained, its indifference alike to his manners and his morals, so long as he contributes freely to the wants of society, its pleasures and amusements for one class, its libraries and hospitals for another.

At times there is a disposition to see the taint of advertisement in every action of a medical rival. Complaints of advertising are too often based upon trifles such as the appearance of a medical practitioner on the platform at a temperance meeting, a candidature for a seat in a town council, a paragraph in a newspaper giving an account of an accident which happened to a doctor's carriage, or a report of village rejoicings at the return of a doctor's son from the war; in fact, the name of a medical practitioner cannot appear in a newspaper without someone posting a marked copy to a medical editor accompanied by a note signed "Disgusted" or "Indignant." This would be ridiculous if it were not too evidently the outcome of the "odium medicum," a failing against

which all should strive, for it is a source of weakness to the profession.

Advertising on medicine labels.

A manufacturer of labels for medicine bottles sends out annually a circular to the profession asking for orders, accompanied by a bundle of samples, on some of which names and addresses are printed. When this happens, the medical editor receives indignant protests against the improper conduct of the John Does and Richard Roes of the labels, for these complainants do not trouble to find out whether such persons exist, the names, in fact, being entirely fictitious, or at least not those of persons now on the Medical Register. These complaints have, however, led to the elucidation of a point on which considerable ignorance appears to prevail. Although it is the usual custom for practitioners who dispense to put upon their bottles labels which contain only the directions to the patient, it is incumbent upon them in accordance with the Pharmacy Act, 1868 (32-33 Vict., cap. 117), to label all medicines containing poison with the name and address of the vendor, and as late as 1902 a medical practitioner at Miltown Malbay was fined £5 in each of three cases for selling a poison which was not so labelled.

There have been many gibes at the profession for the artful ways by which it is supposed to attract public attention without direct advertisement. A satirical writer of the eighteenth century said of the famous Dr. Radcliffe that "on his first arrival he had half the porters in town to call for him at all the coffee houses and public places, so that his name might be known"; and it is to be feared that the ingenious devices of Mr. Bob Sawyer will always be remembered:—"The lamplighter has eighteenpence a week to pull the nightbell for ten minutes every time he comes round, and my boy always rushes into church just before the Psalms, when people have got nothing to do but look about them, and calls me out, with horror and dismay depicted on his countenance. 'Bless my soul,' everybody says, 'somebody taken suddenly ill! Sawyer, late Nockemorf, sent for; what a business that young man has!'" A showy carriage was formerly supposed to be a most effective means of gaining public favour and an indispensable element of professional success. But nowadays these arts are ineffective, and the young practitioner finds it more to his interest to get personally known by taking a moderate part in social, political, philanthropic, or religious movements, for which he is not to be blamed, provided his political or religious opinions are not merely assumed with a view to professional advancement.

In these days of sensational journalism and reckless reporting,

medical men must be careful in their communications with newspapers and their representatives. As a general rule, they should refuse to be interviewed on professional subjects, especially those relating to new methods of treating disease; when interviewed, they should confine themselves to giving such information as they possess, and should stipulate for the suppression of their names. Unfortunately, reporters are not always to be trusted, and have on several occasions published untruthful, exaggerated or garbled accounts of interviews—an accident which may have serious consequences and can only be checked by having a third person present at the interview, preferably a shorthand writer, but this condition is in many cases impracticable of fulfilment. The English press has not of late maintained its high character for accuracy. The false account of the massacre of the Embassy at Pekin and the fictitious summary of the report of the North Sea Commission suggest the suspicion that some newspapers and news-agencies can be bought and sold for political or stock exchange purposes, and that it is not prudent to rely upon such media for maintaining the good reputation of the profession.

**Contributions to lay press.**

Medical practitioners should not contribute signed articles or letters to the lay press on diseases or their treatment, or take charge of a column of "Answers to Correspondents" on health questions. There is no professional control over the unregistered persons who are often entrusted with this work, but anyone who takes the trouble to read these "Health and Toilet" columns will find abundant evidence that their main object is to puff certain drugs, soaps, foods, and drinks, for which the writer or the newspaper no doubt receives due consideration.

**Puffing trade articles.**

In an article on the treatment of obesity, written by a medical practitioner, in a popular magazine, nearly every page contained a notice of an article to be purchased at a special shop, in which the writer subsequently admitted that he had a proprietary interest!

**Interviews with reporters.**

A surgeon on the staff of a special hospital did not think it derogatory to show his patients under treatment to a reporter, and to discuss for the edification of the readers of the newspaper the pathological and therapeutic questions involved.

**Testimonials to trade articles.**

Care must be taken not to give testimonials in writing to the virtues of any trade articles, for they may be used in advertisements, without authority, and it is even dangerous to express too favourable an opinion to a traveller, lest he may quote it. A London specialist had spoken favourably to a traveller respecting a mineral water, and was surprised to find his remarks advertised something in this style:—"Dr. Blankham Dashford, of Devonshire

Square, Physician to the Pimple Hospital, says: 'Nothing has done my gout more good.'" An action brought by him to recover damages for the use of his name failed, although probably he would have succeeded if he had merely asked to have his name removed, but it is doubtful if an injunction could be obtained. A strong argument against expressing an opinion which may be quite honest is that the writer places himself side by side with men who write testimonials for cash. A good exposure of the practices of one of these persons came into my hands in the shape of a circular from a prolific writer asking for advertisements for a forthcoming book, in which he said: "Instead, however, of having a page advertisement at £10 10s., I should advise you to let me give you a page notice in the body of the book itself; this I will only charge £5 5s. for." The circular says further: "A testimonial will, as usual, be appended to each advertisement, and the doctor will make a point of frequently alluding to them in print and in many other ways. If desired, he will send an excellent brief recommendatory letter on your speciality"!!

**Recommending articles by the maker's name.**

It is impossible always to avoid mention of a maker's name in recommending a particular treatment, as, unfortunately, all are not equally good, and inferior articles may be substituted if the maker's name is not given; but respectable firms will not take advantage of this for advertising purposes, or will withdraw the quotation when asked to do so. But unscrupulous advertisers will go a long way. My name was displayed in the advertisement of an American nostrum, which I do not use and have never mentioned in print; I found that they gave a summary of some remarks of mine on a particular disease, and followed this by quoting the opinion of "Professor ——, of the St. Louis College of Physicians and Surgeons," for the opinion that, while "concurring in other respects in Professor Saundby's treatment," he prefers the tablets of the advertisers.

**Unscrupulous advertisers.**

English medical newspapers are copyrighted, so that the reprinting of articles for advertising purposes can be prevented.

**Medical practitioners engaging in trade.**

After what has been said, no registered medical practitioner ought to be personally connected with any business that manufactures or deals in any article of invalid dietary or drug, or medical or surgical instrument. An instrument or other article may be patented to secure proprietary rights, and then sold outright, so as not to retain any commercial interest in it, but it is even better to give such discoveries and inventions freely to the profession and the public.

The conduct of some German professors, even professors of

eminence, in such matters is not to be commended. A certain professor patented his method for preparing diphtheria anti-toxin in England, and if no other mode of preparation had been discovered by British pathologists the British public would have had to pay him a large sum of money in the shape of royalties in order to obtain the advantages of anti-toxin treatment for their children. When I was in Germany some years ago I heard of Fett-Milch, a simple preparation of milk for invalids invented by a Vienna professor. The method of preparing it is very simple. Equal parts of milk and sterilised distilled water are passed through a milk separator and divided by the separator into two halves; one contains nearly all the cream and less than half the solids. The milk is then sterilised and sent out in stoppered bottles for distribution. On my return to England, I spoke to a milk seller about supplying it, but found that the mode of preparation had been patented in England, and that all milk sellers had been served with notices warning them against attempting to make it without licence, but offering to issue licenses at what I was informed was the prohibitive price of 1d. per quart!

By the resolution passed on 1st December, 1905, the General Medical Council has issued a warning that advertising may render a medical practitioner liable to be charged with "infamous conduct in a professional respect," and, if found guilty, to have his name removed from the Medical Register (see *Appendix*).

## ALCOHOL—DRUG HABIT—EUTHANASIA.

**Evils of prescribing opium, alcohol, &c.**

Medical men may constantly observe the physical and mental ruin and the individual and domestic misery which result from the habit of abusing alcohol, or such drugs as opium, chloral, and cocaine; therefore they ought to be especially careful to avoid the reproach of having by inconsiderate advice impelled any fellow-creature towards either of these vices. The medical profession of to-day is less disposed to recommend the use of alcohol than was the case a generation ago, and the small quantities now consumed in hospitals show that even in acute conditions relatively small doses are required, while it is rarely needed in chronic diseases. But in private practice is there not still a tendency to pander to popular prejudice? Many patients, especially ladies, drink whisky with their meals by medical advice. Even if we think whisky well diluted with water less likely to do harm than beer or strong wine, and if light wines are objected to on the score of expense, the medical profession might adopt the same attitude

towards alcohol as towards tobacco; the moderate use of either may be a gratification, rendering the burden of life easier to bear, but neither is necessary; as their action is poisonous to the living cells of the body, they may be tolerated, but should not be encouraged.

I was once consulted respecting the case of a young lady who was drinking more than a bottle of port a day. She told me that when she was about sixteen she suffered from dysmenorrhœa, and had been taken by her mother to a gynæcologist, who advised a glass or two of port daily during her periods, and she attributed her condition to a craving which had grown out of this small beginning. As she was engaged to be married, she wanted to get rid of the habit, and readily submitted to the necessary restraint. Her future husband knew all about her, and was willing to take the risk of a relapse. She left my care apparently cured, married, and her husband wrote to me some time afterwards to say that she was keeping well, but she eventually committed suicide. She belonged to a neuropathic family tainted with insanity, and perhaps would have come to grief under any circumstances, but it was unfortunate that she should have been medically advised to take alcohol, as the case illustrates the danger of such advice. Family tendencies to drink and insanity are kept back even from the medical adviser unless he puts a direct question on the subject. As the danger is admitted, there should be a reluctance to prescribe alcohol to women in chronic, and especially in nervous, diseases, and a rule be made never to prescribe it to them for the relief of pain.

**Precautions in prescribing.**

Opium, chloral, and cocaine are drugs which are capable of developing a morbid craving, and the administration of these should not be placed in the patient's hands. It is better not to prescribe the pure drugs, but to give them in combinations, so that the patient does not recognise them or learn their use. If the original dose fails in course of time to produce its effect, the prescription should be changed instead of the quantity being increased, as possibly the narcotic rather than the medicinal effect is desired. I seriously doubt the generally received opinion that it is necessary to increase the dose of opium to get its continued medicinal effect, and would ask each practitioner to decide this point for himself. In the face of hopelessly incurable and painful diseases such as cancer, opium may be given in large doses, as the risk of the drug habit sinks into insignificance in the presence of approaching death, and it is better that the brief remaining span of life should be rendered bearable than that there should be no relief to intolerable suffering.

Euthanasia.

By euthanasia, I understand the doctrine that it is permissible for a medical practitioner to give a patient suffering from a mortal disease a poisonous dose of opium or other narcotic drug in order to terminate his sufferings. This teaching is contrary to the fundamental rule that we must hold human life sacred, and do no act which has for its object wilfully to destroy it, but a distinction may be drawn between a dose of opium given with the intention to cause death and one regulated to relieve suffering, although the latter may impair the nutritive and digestive functions, and indirectly hasten the fatal termination of the disease. It may be a choice of evils, but although the endeavour to alleviate pain is supported by general opinion, nothing should be done to warrant any suspicion that the sanctity of human life is trifled with by the medical profession.

## ASSISTANTS.

Every man who desires to succeed in general practice should work for a couple of years as an assistant, for in this capacity he has an opportunity to learn those habits which in his student life he has too often neglected, but which are so important, and he also acquires much useful practical knowledge that cannot be gained at a hospital. It is quite right that an assistant should sign an agreement and covenant not to practice without permission of his principal within a certain radius for a reasonable time after leaving, and it is much to be regretted that such agreements are not always made, as if an assistant does start in opposition—as he may do if not restrained by contract—the two men become lifelong enemies, a source of weakness to each other and to the profession, for advantage may be taken of their rivalry to cut down fees and salaries.

Assistant's agreement.

Assistant's notice on dismissal.

If an assistant signs an agreement, he should take care that he gets some *quid pro quo*, such as a stipulation that he is to have three months' salary or three months' notice, instead of the week's salary or notice to which he is entitled by law.

Principal and assistant.

Principals have a right to expect loyal and faithful service in return for salary and opportunities, but they should treat their assistants with due consideration as professional colleagues, and should not show jealousy of them if they become popular with the patients. In order to make the work run smoothly, it is desirable that each should confine himself to certain departments or divisions of the practice, and should not interfere with the other except when asked to assist in consultation or otherwise.

Assistants have no claim to any fees received by them in connection with the practice, as for giving evidence in court or at inquests, for *post-mortem* examinations, for extracting teeth, or for any other work connected with the practice.

Assistants have no right to retain special fees.

It should not be forgotten that the qualities which make a good assistant go to make a good partner; and that the many petty annoyances which an assistant has to bear, differ only in degree or in kind from those which all medical practitioners have to expect, and must discipline themselves to endure.

A good assistant makes a good partner.

On the ground that the substitution of the services of an unqualified person for those of a registered medical practitioner is in its nature fraudulent and dangerous to the public health, the General Medical Council takes a severe view of the employment of other than qualified assistants, and is not disposed to overlook any case of the kind which is proved to its satisfaction. The Council is equally determined to put down "covering," by which expression is meant countenancing and assisting any unqualified or unregistered person to attend or to treat patients either by granting certificates of death or otherwise. Such conduct is highly detrimental to the medical profession, but, unfortunately, it remains in certain cases unpunished owing to the support given to quackery by a perverted public opinion.

Objections to employing unqualified assistants.

Covering.

An unqualified and unregistered chemist carries on a large medical practice in a provincial town, being covered by his son, who is a registered medical practitioner residing in another town a few miles away, but although the facts are notorious, it is impossible to obtain legal evidence to prove them, no medical practitioner in the town where the quack practises daring to move in the face of the public opinion which supports him!

## BONESETTERS.

There is little, if anything, to choose between quacks and the bonesetters who at present enjoy the support of the halfpenny press. A medical correspondent wrote not long ago to say that the "little son of some good patients" of his had fractured his thigh, and that the parents called in a bonesetter to set it, but wished him to continue in attendance to "look after the child's general health." He asked what he should do? He was advised to retire from the case, as it would plainly be covering an unqualified person.

Professional relations with bonesetters.

## CERTIFICATES.

Status of medical certificates.

Medical certificates are rightly esteemed very highly in this country, and are often received as evidence in courts of law; it is therefore incumbent upon all medical men to recognise that they have a high character to sustain. No certificate should be given lightly or carelessly, but with a due sense of responsibility for the opinion expressed in it, and in any statement of facts the truth should be strictly adhered to. A request for a certificate may, of course, be complied with, but any suggestion to modify it in such a way as to strain the truth should be peremptorily rejected. Some people appear to think that they have a right to buy one's soul and conscience for half-a-crown, and consider it quite unfriendly if there is any unwillingness to stretch the truth a little for their convenience.

Death certificates.

Death certificates must be given without payment, for registration is required before burial can take place, but copies may be charged for, and insurance or burial club death certificates should certainly bear a fee in proportion to circumstances.

No death certificate should be given in a case of sudden death, or death from violence or injury, without first consulting the coroner. If the case is not one in which an inquest is deemed necessary, it is still right, and saves trouble in the end, to consult him. In the days of my youth I had a hospital out-patient who was suffering from advanced phthisis, and I was, therefore, not surprised when his friends came to tell me that he had died of profuse pulmonary hæmorrhage. In my innocence I gave a death certificate, and was a little disgusted to see a few nights later in an evening paper a paragraph headed "Censure on a Doctor," reporting an inquest held on my patient, whose death had occurred outside his house in the court in which he lived. The Coroner was rather a touchy person, and said I had taken upon myself the duties of coroner and jury.

Hospital sick certificates and club notes.

Hospitals require their medical officers to give all certificates without payment; this is also a rule in most clubs and sick societies.

School attendance certificates.

Under the compulsory education law, children who are absent from school on account of illness are expected to produce medical certificates. This rule presses hardly upon medical practitioners in country districts. For example, a labourer's child is laid up in bed with a slight cold, and the club doctor is sent for a distance of four or five miles. On his arrival the mother says, "Oh, doctor, I am sorry

to trouble you ; I should not have thought of sending for you, only I must get a certificate for Tommy, who has a cold, and is obliged to stay away from school for a day or two." So the country doctor gets many an additional journey owing to the obligation put upon the parents to furnish these certificates. It would seem reasonable that the educational authority should accept the parent's word for short absences, and require a medical certificate only where there is reason to doubt the good faith of the excuse.

School attendance certificates and those required under the Employers' Liability Act are paid for by the patient; there is no liability on the part of school authorities, employers, or insurance companies.

**Laxity in giving certificates.**

A case was recently reported in the newspapers which shows that some practitioners take none too strict a view of their responsibilities. A girl had been absent from school on 111 days and had been employed as a domestic servant in violation of the Education Act, but when the father was brought before the magistrate he produced a doctor's certificate to say she was suffering from anæmia and unable to go to school. The case was adjourned for the attendance of the doctor, who admitted in the witness-box that, although he gave the certificate in January, he had not examined the girl since October! This admission led the Stipendiary to make some strong and not undeserved remarks on the injury done to the whole medical profession by such conduct. He said he had relied hitherto implicitly upon the medical profession, and had regarded their certificates as an absolute defence to any charge of not attending school ; it was therefore shocking to him to find a medical witness acknowledge that two certificates issued by him contained what he did not know to be true when the certificates were granted.

**Certificates must not reveal patient's secrets.**

Certificates should not be given to any insurance company, or employer, or other person respecting a patient who is or has been under the certifier's care without getting his consent or that of his representatives, for to do otherwise would not only be a violation of professional secrecy, but might expose the giver to an action for damages.

**Lunacy certificate.**

Of all forms of certificates, lunacy certificates are the most dangerous. The law affords no real protection against an action which may be ruinous in costs and worry, even though there has been perfect good faith and judgment. Therefore, it is the custom of some lunacy experts to refuse to sign any certificate without an indemnity from the nearest relation, and it is a wise precaution. No doubt the risk is greater from rich lunatics, who can indulge in

legal proceedings, but even pauper lunatics sometimes find means to be troublesome, either by the help of a blackmailing lawyer, or a wrong-headed philanthropist with a defective knowledge of the lunacy laws. To justify signature it is not enough to say the person is insane, but there must be some additional reason besides mere insanity to warrant his confinement in an asylum, such as that the alleged lunatic is dangerous to himself or to other people.

But the best course is to avoid signing lunacy certificates as much as possible; it does no harm to let the public feel the inconvenience and the need there is for such amendment of the law as will afford protection when all has been done in good faith. Everyone should join a Medical Defence Society, which will be a complete protection against blackmailing, and relieves from the costs of defence, although it will not pay damages, but it is assumed that nothing will be done to risk that result, and that the only danger is the worry and expense which an action at law must always be, even if won in the end.

## CHEMISTS.

Arrangements with chemists.

This advertisement appeared in the *Scotsman*:—

> "Medical.—Chemist wishes to meet with doctor desirous of creating a practice in country town; good district; commissions given."

This was taken from the *Yorkshire Evening Post*:—

> "Situations Vacant and Wanted. *Medical.*—Wanted by a retired Army Surgeon, a consulting room in conjunction with a chemist or druggist or herbalist having a good connection. For further and full particulars, write to Y625."

These advertisements refer to arrangements with chemists which, though different, are alike improper. In the former a chemist advertises for a medical man who will presumably support him by his recommendations in return for a commission, and such help as the chemist can give by recommending the doctor in turn. I should like to be able to say that I do not believe the chemist found a confederate. The second advertisement, if genuine, shows that there are medical men willing to enter into even an unholy alliance with a herbalist!

I have heard of a physician who professed to see patients gratis, but they were sent to a particular chemist, who charged them high prices for their medicines of which a portion went to the doctor.

All arrangements with chemists are undesirable, even renting a consulting room at a chemist's shop or entering into a contract for the supply of medicine in place of dispensing it one's self. In the latter case, if it is done, the practitioner should charge the patient an inclusive fee and pay the chemist. **Consulting room at chemist's shop.**

Some doctors have a private formula of which the chemist has the key; presumably they prescribe in this way, so that the patient shall not be able to get the prescription made up where and when he pleases. In a case brought to my notice it led to a mistake with unsatisfactory results to the patient, but the question was not carried to the law courts. **Private prescription formulas.**

Chemists should not prescribe for their customers, but the practice is difficult to prevent, for even in France, where the law expressly forbids it—which is not the case here—much "counter-prescribing" goes on. If a man goes into a chemist's shop and says, "I have a headache or a cough; give me something for it," the chemist may say, "This is a cough mixture; these are headache powders; would you like to try it or them?" No law can prevent this, and most counter-prescribing is of this kind. But if the man says, "I feel ill; I wish you would see what is the matter with me, and give me something," the chemist should refer him to a medical practitioner, and generally does so. **Prescribing by chemists.**

There are, however, cases in which chemists undoubtedly go beyond their proper limits. A case some years ago was brought to the knowledge of the Ethical Committee of the British Medical Association, in which a chemist in a small provincial town was treating a patient with the assistance of a London consultant to whom he had sent a statement of the case. The physician did not deny the charge, but said he could only express his regret if he had done anything wrong! This was undoubtedly "covering," and might with perfect propriety have been brought under the notice of the General Medical Council; but the Ethical Committee, being new to its work, was timid, and the complaining practitioner was satisfied with the apology. **Covering prescribing chemists.**

An Irish newspaper contained an advertisement of a chemist in which he styled his shop a "Medical Hall"; he announced his willingness to "supply artificial teeth," to "extract them painlessly by cocaine," and to "fill them carefully with the newest class of fillings." He "tested eyesight free of charge," and, as he held a "diploma by examination" of the "School of Optics, London," his customers "could depend upon being fitted with proper glasses." He advertised a "stomatic powder," not a tooth powder, as we might be pardoned for supposing, but something which "gives **Evasion of Medical Acts by chemists.**

instant relief and effects a permanent cure to all forms of indigestion and affections of the digestive organs." This man evaded the provisions of the Medical and Dental Acts, and did not infringe the law. The only way of bringing him to book would be by getting the Pharmaceutical Society to interfere, but that body is not very willing to meddle with the proceedings of its licentiates so long as they keep on the safe side of the law.

**Chemists and limited companies.**

That the present state of the law regulating limited liability companies is far from satisfactory was recognised so fully by the late Lord Chancellor, Lord Halsbury, that he twice introduced into Parliament for its amendment bills which passed the House of Lords, but did not succeed in getting through the Commons. The Registrar of Joint-Stock Companies at Somerset House is willing to place on the register any company which complies with certain formalities, without regard to its purpose. A few years ago he registered a company having for its object the holding of examinations and conferring the degree of "M.D. Botanic," but it was removed from the Register owing to the intervention of the Attorney-General at the instance of the British Medical Association. There is no chance of getting similar interference in the present state of the law with the registration of companies to carry on medical, dental, or pharmaceutical businesses. The Acts which regulate these professions apply only to individuals, and not to companies. There are several companies registered to carry on the business of dentistry or pharmacy, although none has yet been registered to carry on the business of a physician or surgeon, unless the late Birmingham Consultative Institute can be considered an example, but it did not attempt to employ unqualified persons, as the dental and pharmacy companies are alleged to do.

**Companies can evade Medical and Dental Acts.**

It is to be hoped that the law will be amended so as to declare that it is illegal for a company to do any act which is forbidden by law to an individual, and to make the registered manager of the company responsible. In the meantime, medical practitioners should avoid all relations with companies incorporated to carry on any medical, dental, or pharmaceutical business, except in those cases where duly-qualified pharmacists, for family or other reasons, have converted their businesses into limited companies, the business management and direction remaining in the hands of qualified pharmacists.

## CLUB AND CONTRACT PRACTICE.

**Contract practice defined.**

A great many disputes arise out of the existing conditions of club and contract practice. By these terms is meant the system

by which medical attendance during sickness is insured by the payment of a fixed sum of money, often collected in small sums weekly, and the doctor is paid an annual salary based upon a certain rate *per capita*, and undertakes for that payment to give all necessary medical attendance, drugs, and dressings. In former days this was a very large source of income to many leading practitioners in manufacturing districts who had the influence to secure most of these contracts, and delegated the work to unqualified assistants at low salaries. But competition and the abolition of unqualified assistants have thrown the actual burden of the work on the shoulders of qualified men who resent the constant work for what seems inadequate payment, and, as a consequence, are persistently agitating to get better terms. The result has been that in many places the clubs have amalgamated, and have engaged a qualified medical man at a salary to do the work. He is generally allowed a house, coal, gas, drugs, sometimes a horse and carriage, or an allowance for cab fares, and the services of a dispenser, so that his net salary of, say, £400 a year is by no means bad payment. This change at first provoked great resentment, and those medical men who took these appointments were boycotted by their colleagues, but this feeling is tending to disappear, and now the holders of these appointments in most places work on friendly terms with their medical neighbours. It is not an unsatisfactory solution, and there is nothing ethically wrong in the holding of such appointments, provided there is no canvassing or advertising for practice.

**Medical Aid Societies.**

Another solution is that afforded by the National Deposit Friendly Society, which undertakes to pay for medical attendance on its members according to a fixed tariff. This, on the face of it, seems the best possible plan, as the Society is willing to allow its members to employ any medical man they desire to select, and medical men can accept or decline to attend at the rate offered, or may tell the patient that it cannot be regarded as adequate payment, but that they will expect to be paid the difference between it and their ordinary fees. It gets rid of the vexed question of wage limit, by which expression is implied the contention of the medical profession that Medical Clubs and Sick Societies are only intended for the working or weekly wage-earning classes, and that employers, tradesmen, and others able to pay medical fees should be excluded from sharing in medical insurance. This claim has been always rejected in the most absolute manner by the great Friendly Societies, who deny that there is any substantial grievance on this head, and refuse to agree that if an old member gets on

**National Deposit Friendly Society.**

in the world and ceases to be a wage-earner, he shall be turned out of the Society or excluded from medical benefits.

It would be thought that under these circumstances the medical profession would welcome the system introduced by the National Deposit Friendly Society, but that is not the case. The arguments used against it are:—(1) That the rates are too low; (2) that in many districts the local agent of the Society invites one medical practitioner to undertake to see all the Society's members at the Society's rates, promising in return to induce all the members to employ him.

With respect to the former objection, eighteenpence a visit is more than is paid for any other contract work, and, if compared with the ordinary payments of non-contract work among the artisan class, it is not too low when it is remembered that there are no bad debts and payment is made promptly each quarter. The second objection is more serious, and illustrates the great difficulty in arriving at definite conclusions upon these questions, as so much depends upon the action of the local agents, who are not kept under strict control. Like Russian generals, their actions are disavowed; the central authorities point to their rules, and refuse to believe that their agents act inconsistently with them. The result is that this Society has in some districts been made the subject of hostile resolutions by which the local practitioners have agreed to refuse all connection with it, while an attempt to negotiate by the Medico-Political Committee of the British Medical Association was broken off in consequence of irritation at the expressions employed by those who conducted the correspondence on behalf of the Society. At present there is a deadlock, although if the rules of the Society were fairly carried out it offers the best solution of the problem how best to provide proper medical attendance for the poorer classes.

**Club rates.**

The ethical disputes which have arisen in connection with contract practice are generally over club rates. Sometimes an individual demands an increase, threatens resignation if refused, and is indignant when his resignation is accepted and another man appointed. He accuses the latter of unprofessional conduct, and poses as the champion of the honour and interests of the medical profession. But no man has the right to expect the support of the whole profession whenever he thinks fit to demand higher pay. He must submit his claim first to an independent tribunal of his professional brethren, such as the local division of the British Medical Association; if it sanctions his application, his colleagues should support him against any outsider who seeks to interfere.

In such a case, anyone who accepted the appointment would be ethically wrong, for the profession is bound to assume that where the whole of the medical practitioners in a district have agreed to a certain course of action it is worthy of support. As a rule, if the parties to the dispute are let alone, they settle the matter to their mutual satisfaction, while outside interference prolongs the fight and injures both sides.

**Canvassing by Club Collectors.**

In certain districts it is the custom for some medical practitioners to employ collectors, whose business it is to go round from house to house collecting one penny per head weekly to secure medical attendance in time of need. This system is known as the "Penny Club," or "Dr. So and So's Private Medical Club." In some cases so little as fourpence or sixpence a week insures the whole household. The collector receives 25 per cent. of his receipts, but for each new member he gets in addition the "first four down," which means that he takes the whole subscription for the first four weeks. This system, by which it is to the direct interest of the collector to obtain new members of the club, is "canvassing" for practice, and may bring the practitioner who pursues it under the terms of the warning issued by the General Medical Council on 1st December, 1905 (*see Appendix*). The fact that the canvassing is done in the interest of a medical practitioner does not justify it, as he is thereby competing unfairly with his professional rivals, while, if they all do the same, it is still an illegitimate form of competition. If club collectors are employed, they ought not to be allowed to canvass for new members, and should have no direct interest in getting them.

**Private clubs and medical aid societies compared.**

It may be contended that some such system is essential to the successful working of clubs, and that clubs are indispensable to certain classes of practice. But these private clubs are open to great abuses, and bring medical practitioners into line with medical aid societies, which need to be kept in check by every legitimate means. There is no just cause for complaint against a Medical Aid Society for doing that which members of the profession consider themselves free to do. Some persons attempt to draw a distinction because in the former case the money goes to a body of laymen who are said to "accumulate profits" out of their medical officers, and in the latter it all goes into the pocket of a medical practitioner. But so long as the collector gets 25 per cent. of the total club payments, the whole of the receipts clearly do not go to the doctor. It is doubtful whether any Medical Aid Society deducts so large a proportion as 25 per cent. from the doctor's salary after allowing for rent, coals, and gas, cab fares, drugs,

and dispensing. The enquiries that have been made have failed to show that there is much ground of complaint on the score of accumulated funds, the moderate reserves being only sufficient to provide against bad years. The real objection to these societies is that they canvass and advertise for members, and so compete unfairly with the private practitioners. Therefore, it is the duty of practitioners to avoid giving occasion for the charge of canvassing being retorted against themselves.

**Why have clubs?**

Why do medical men have anything to do with clubs? The reasons given may be briefly considered. It is generally allowed that they do not pay, for, although in some small clubs there may be in certain years very little to do for the money, in other years there is a great deal, and the average rate of payment for the work actually done works out at a very low figure. But the aggregate income received from clubs is safe; it constitutes an item in the practitioner's annual budget upon which he can rely; and if he has to sell his practice it is regarded as completely transferable, and therefore enhances the price proportionately. In country practices it is the only means by which any payment can be obtained for attendance which would have to be given in any case, and the existence of clubs encourages provident habits and checks the tendency of the wage-earning classes to rely on State aid or charity, instead of on themselves.

These are good reasons, but they only cut the ground from under the feet of those who are constantly complaining of the inadequate payment they receive for this class of work, as it is evident that, poor as it is, they do not desire to give it up, and would not do so even if it were less than it is.

## COMMISSIONS.

**Commissions condemned.**

It is wrong for a medical practitioner to accept a commission or consideration for the introduction of a patient to a consultant, to a private hospital, lunatic asylum, sanatorium, or other institution, or to a dentist, chemist, instrument maker, lodging-house keeper, nurse, midwife, tourist agent, wine merchant, or other person or company, and it is equally wrong to pay a consideration for the introduction of patients to himself. In France a custom

**Dichotomy, or sharing fees.**

exists, called "dichotomy," or division of fees, according to which the consultant or specialist pays the general practitioner sending a patient a percentage of the fees received from him. In spite of the disapproval of this custom expressed by many medical societies, it is said to be generally followed, and "Gyp," in one

of her short stories, has drawn a vivid picture of the mental struggles and remorse of a needy and weak, but hitherto honourable, practitioner who yields to the temptations of "le docteur tant pour cent." Such a practice exposes practitioners to the suspicion of arranging consultations and operations in their own interests when they are not strictly necessary, and of sanctioning the extortion of excessive fees on the part of the consultant or operator, who must square himself somehow.

**Commissions offered by tradesmen.**

Medical practitioners in this country frequently receive circulars offering commission from instrument makers, wine merchants, and others in return for recommendations. Some foreign companies holding concessions for mineral waters go so far as to issue books with counterfoils, promising to pay so much for every dozen bottles of their waters which the practitioner orders on the form supplied, accepting his statement without further proof! A few years ago a wine company offered founders' shares to medical practitioners who would undertake in return to recommend the company's wines. When the company went into liquidation, as it did in spite of their support, some eighty medical men holding these shares successfully claimed exemption from liability, but it is to be regretted that their names were not published.

**Commission paid to relieving officers.**

Another instance of corrupt dealing brought to light recently was that of several relieving officers of parishes within the Metropolitan area who were in the habit of accepting commissions from the proprietors of private lunatic asylums that receive pauper patients, and also from the medical men employed to sign the lunacy certificates.

**Commission from druggists.**

From the persistence with which an American drug company sends out circulars promising proportional payment for the recommendation of its wares, it is to be feared that its offers do not always fall on barren ground. Such dealings are wrong, because they interpose an object between the doctor and the patient beyond that of the patient's interest and advantage, which should be the only one. In these matters the patient is compelled to trust the doctor implicitly, and any breach of confidence deserves to be called "infamous."

**Commission from insurance agents.**

A medical examiner for an insurance company should not take any fee from the insurance agent beyond that paid by the company for the medical examination, and if he accepts a commission for recommending a candidate he should not also act as medical examiner. Insurance agents are a class of men who, being paid by commission, are sometimes more anxious to do business than scrupulous about the means.

Council of B.M.A. on secret commissions.

The Council of the British Medical Association passed a resolution at its meeting on 12th April, 1899, which declares that the giving or receiving of secret commissions constitutes "a grave breach of professional good conduct, and is inconsistent with membership of the British Medical Association." By passing this resolution the Council intended to express in unqualified terms its disapproval of such acts, but it is right to say that there was no evidence before the Council then or since to warrant the belief that anything that can be fairly called a practice of giving or receiving these commissions exists in the profession, and my knowledge of many corrupt offers has been due to the indignant protests which the recipients of these offers have made to the editor of the *British Medical Journal*.

Prevention of Corruption Act, 1906.

The Prevention of Corruption Act, 1906, renders penal many of the practices mentioned in this section (see *Appendix*). When this legislation was first introduced by the late Lord Russell of Killowen, exaggerated statements were made, notably by Sir Edward Fry, as to the prevalence amongst members of the medical profession of the practice of taking commissions from tradespeople introduced by them to their patients. But indefensible things have been done, and more care should be exercised, or practitioners so offending may find themselves exposed to legal penalties.

The law now affords a ready means of checking the offensive circulars from tradespeople offering commission, and it is to be hoped that these will cease, but we should certainly advise anyone who in future receives such circulars to send them to the police. No person acting honestly and in good faith in giving a small present in return for services rendered runs any risk of prosecution under the Act, for the gift or consideration must be given or accepted *corruptly* in order to establish the offence, and, furthermore, no prosecution can be undertaken without the consent of the Attorney-General or Solicitor-General.

## CONSULTATIONS.

Grounds for consultation.

The development of the medical art has been so extraordinary during the last fifty years that, in spite of the improvement in instruction given in medical schools and the extension of time now required before graduation, it is impossible for any man to attain to a perfect knowledge of all its branches. Moreover, there are many departments in which a degree of manipulative dexterity is needed, which can only be acquired and retained by constant practice—a thing which is not possible, except on the condition of specialising.

Lastly, there are groups of diseases which occur only rarely in general practice, and to which certain individuals have devoted years of study and observation, so as to fit themselves to be authorities on their diagnosis and treatment. These reasons justify the existence of a body of consultants, who at the present time rarely engage in practice outside those departments which they have selected to cultivate.

Consultants and practitioners in former days.

This is a very different basis to that existing up to fifty years ago, when the profession was divided into apothecaries whose training was mainly by apprenticeship; surgeons whose professional education was obtained in hospitals, and who then, as now, derived their experience and skill from the practice obtained in the operating theatre; and physicians who had generally been educated at one of the English Universities, and always possessed a University Degree of Doctor of Medicine; they were, as a rule, men of considerable general culture and good social standing, but many of them must have possessed what we should now regard as a very limited acquaintance with clinical medicine from sheer want of opportunity. Some of them were, no doubt, connected with hospitals, but this was not by any means necessary, and it is, therefore, not difficult to see that they were peculiarly open to the reproach of knowing everything but medicine. They were not consultants as we should understand the term—that is, they were perfectly willing and accustomed to attend patients directly without an apothecary or a surgeon; but there were certain things which they did not do, which, in fact, they left to what they regarded as the inferior orders of the profession—the compounding of drugs, the application of remedies, and the performance of all manual operations, even of the simplest kind. It was also their custom to consult with apothecaries, and to prescribe for the diseases of persons they had not seen, taking the facts as reported to them. This last custom, absurd as it seems, is not wholly obsolete even at the present day; at least, I have good reason to believe that some country practitioners send written statements of cases to certain eminent practitioners, together with a cheque, and receive in return a written opinion, directions, and a prescription!

Consultation by letter.

The modern consultant.

This is, however, a digression. We have seen that consultants at present consist of two classes—one founded upon its special operative skill, the other on special study and experience—both of which, it must be allowed, are good and sufficient reasons for their existence. Nothing need be said about special academic or corporate degrees and titles, for these are rather accidental, and by no means essential, although it is now not common to find anyone

who seeks consulting practice without possessing the highest professional qualifications, as they are generally required to qualify for the hospital appointments by which he gains his opportunities for study and practice.

**Consultations between general practitioners.**

There is, however, and always must be, a third kind of consultation, which rests upon the opinion that "two heads are better than one." Consultants as defined above are only to be found in large centres, and there are many cases in which, from various circumstances, such as time or money, their services are not available. Such a consultation may be held with a neighbour in general practice, probably a senior, certainly of good professional standing and repute, but without pretension to special knowledge beyond that which he has acquired in general practice.

**Two objects of consultation.**

Consultations are held on various grounds, but mainly for two objects, of which the first—for obvious reasons not the more common—is to obtain help in diagnosis, and the second for treatment.

**Two kinds of consultation.**

Again, consultations are of two kinds—(1) where the general practitioner and the consultant meet and discuss the case, and (2) where the patient comes alone, bringing a letter containing perhaps only a question, or, in addition, a more or less explicit statement of facts, or perhaps only a card, or, unfortunately, at times he brings nothing at all!

In the former kind of consultation few difficulties occur. As a rule, the consultant is selected, and, in any case, approved, by the general practitioner, who, even if he might have preferred another, has made up his mind to meet him courteously and give careful consideration to his opinions.

**Grounds for declining to consult.**

Must a practitioner accept a consultation with any duly qualified medical person suggested by the patient or friends? Certainly not, but he should give his reasons. He is a much better judge than they are of the most useful man to consult, and the public is often ignorant of everything but a well-known name, so that an excellent operating surgeon may be proposed for a case of pneumonia, or an experienced obstetrician for a gunshot wound. Whether he should refuse a consultation altogether is rather a question of policy than of ethics. Assuming that he honestly believes his patient is doing well, and that he needs no help, he may say so; but it is open to doubt whether it is wise to refuse to get his diagnosis and treatment confirmed and the fears of the friends allayed, as he may do by calling in a competent and fair-minded consultant.

**Procedure at consultation where the parties meet.**

At a consultation it is usual for the general practitioner to give an outline of the case and its history to the consultant before the latter sees the patient. He then introduces the patient to the con-

sultant, who asks such questions and makes such examination as he thinks proper, but should, as a rule, try to avoid indicating his opinion of the case; when he has completed the examination, they retire to consult, and afterwards the consultant announces the result to the patient or friends, or to both, according to circumstances. This is all plain sailing, but if the two do not agree as to what is the best course of treatment, three courses are open to them: (1) The general practitioner may waive his opinion, and agree to give the course recommended by the consultant a fair trial, without mentioning his dissent; (2) he may do so, but explain to the friends that, while deferring to the greater authority of the consultant, he feels bound to state that he thinks otherwise; or (3) that he cannot consent to carry out the treatment; in the last case he should propose a further consultation with another consultant, or, if this is not agreeable, he should offer to retire from the management of the case as soon as other arrangements can be made. He should make up his mind to say this at the time; it is not right to appear to agree with the consultant, and afterwards to object to his views or treatment. If, after reflection, he finds reason for doubting the conclusion reached at the consultation, he should write to the consultant, giving his reasons and asking for a reconsideration of the question.

Course to be followed when parties to consultation fail to agree.

Course to be followed if, after reflection, one of the parties changes his mind.

The case of the late German Emperor Frederick illustrates some of the difficulties of consultation where there is disagreement, and the conduct that should—and, I must add, that should not—be pursued. The illustrious patient's condition had been correctly diagnosed in Berlin as cornifying epithelioma of one vocal cord, and the treatment by excision proposed. As it was thought desirable to have this opinion confirmed by an independent authority, an eminent English laryngologist was summoned. To the surprise of his German colleagues, he dissented from their diagnosis, and professed his ability to cure the disease without operation. The German surgeons, while not yielding their opinions, agreed that he should take charge of the case and try what he could do for three months, at the end of which time there was to be a further consultation to see what effect had been produced, the Germans feeling sure that, while valuable time was no doubt being lost, the truth of their diagnosis would be by that time placed beyond doubt. The Crown Prince, as he then was, came to England for treatment; but, at the end of the allotted term, the arranged consultation was not allowed, the case was pronounced to be improving, and the patient sent to Italy, where he was kept until the truth could be no longer concealed!

Consultation illustrated by case of late German Emperor.

Consultant's attendance terminates with consultation.

Another may be consulted if desired.

Practitioner should give a fair trial to treatment agreed to in consultation.

A consultant, having once seen a case, has no claim to be called in again, nor do repeated visits alter his position. It is open to the practitioner in charge of the case to suggest calling in the assistance of any other person whom he regards as more likely to benefit the patient by his advice or skill. But, on the other hand, he is bound to give the treatment agreed upon a fair trial, and should not alter it or abandon it for trivial reasons.

A surgeon was called in to a case of alleged cancer of the rectum. He diagnosed fæcal impaction, and suggested repeated enemata until the mass was cleared. This was not done, and the surgeon had later to remove scybalous masses. A physician ordered a mixture containing 10 m. doses of tincture of belladonna, but, after three days, a prescription of the doctor's own was substituted, on the ground that the belladonna had caused dilatation of the pupils. On enquiry from the nurse, it appeared that only *one eye* was affected, and the nurse knew that this had been caused by the accidental contact of some solution of cocaine with the eye! It is needless to multiply instances of what must be condemned as professional disloyalty, unfair to the patient as well as to the consultant.

Consultant should not alter treatment without need.

A consultant, on the other hand, should not make trivial changes in treatment, but, when it is possible for him to do so, he should approve of what has been done, and either do nothing or make only such suggestions as may supplement, if necessary, a plan of treatment which is effecting its object. As a rule, a consultation is held because the case is not making progress, and fresh suggestions are welcomed.

Results of consultation should be put in writing.

It is desirable that any conclusions arrived at as to regimen and prescriptions should be put in writing and signed or initialled by both parties to the consultation.

Consultant not to address subsequent enquiries to patient or his friends.

A consultant should not call on the patient, or write to him or to his friends to enquire concerning his progress, but, if he desires to know about the case, he should address himself to the practitioner in charge of it.

Consultant must not supersede his client.

A consultant, if belonging to the well-defined classes above described, is under no temptation to supersede the practitioner in charge of the case, but, where he is himself in family practice, he may be asked to do so. This he must on no account do, however much he may be pressed, and even if assured that the original attendant will in any case not be retained. The reason for this is that such consultations between neighbouring practitioners are most helpful, but without this rule they would be hindered, and would rarely, if ever, take place.

Reasonable limits to rule excluding consulting practitioner.

Is, then, one who has seen a patient at some time in consultation precluded for all time from attending him? It has been pointed out that in small places where such consultations are common this would in time cut off the best man—*i.e.*, the one most likely to be called in consultation—from a large number of people, and therefore it seems sufficient to make the prohibition apply to the illness for which he was consulted, but it has been suggested that in addition some period of time should also be added, such as one or two years. The object of the rule is easily grasped, and those who have personal experience of these proceedings are the best judges of the necessary limitations. If an ethical code is ever drawn up, this time period might be defined. What is wanted is that the consultant should give no just ground for supposing that he has taken an unfair advantage of the consultation to the prejudice of the practitioner in charge of the case.

Procedure when the patient is seen by consultant alone.

When a patient is sent by a practitioner to a consultant, it is most desirable that he should bring a letter of introduction giving some details of the case, its diagnosis, and the treatment which has been followed, so that the consultant may not unwittingly raise doubts in the patient's mind as to the propriety of any of these. The consultant should in turn write to the practitioner, giving his opinion of the case, and describing the treatment and regimen he recommends, and enclose the prescription. It is usual to hand this letter to the patient. If the patient insists upon having the prescription, a copy should be given to him.

Patient's right to consultant's letter defined.

A case occurred recently in which the husband of a patient insisted on having the consultant's letter to the practitioner returned to him after the practitioner had read it, claiming that it was his property, and threatening legal proceedings when the demand was refused. Nothing came of the threat, and it is probable that a court of law would not uphold the claim, although the patient is entitled to have a copy of so much of the letter as contains the opinion and directions for management of the case. In this instance there was nothing in the letter that the patient might not have seen, and the question raised was merely one of principle, the husband quoting the analogy of counsel's opinion which he said a solicitor could not withhold from his client. But if true, the analogy is incomplete, as counsel's opinion is a formal document to be compared to a prescription or a diet table; the letter written by a consultant is a covering letter, such as presumably counsel sometimes send with their opinions, and which is between counsel and solicitor. If the question is ever tried and decided against my view, it may be necessary to put all matters

concerning the patient into a more formal shape than is now usual, and to accompany them by a covering letter, or send it by post.

Duty of consultant considered when patient is not sent by practitioner.

Complaints are frequently made that consultants ignore practitioners by not writing to them after seeing patients who are under their care. Such complaints are justified if the consultant knows that it is so, unless the patient distinctly forbids him. The last can only happen when the patient comes without the knowledge of his doctor. Here, if the case is serious, and needs supervision, the consultant should ask the name of the patient's medical adviser and point out the advisability of writing to say what should be done. If the patient has been under the care of several medical men successively, as sometimes happens, and, getting less benefit than he expects, goes to a consultant, the latter should leave it to the patient to say to which of them he should write.

Consultant not bound to ask the name of usual medical attendant.

A consultant is not bound to ask a patient coming to visit him the name of his medical attendant, and may treat the case without reference to anyone, provided that he can do so with justice to the patient, but he must not visit the patient for this purpose. If the patient requires to be treated in bed, the consultant should communicate with the regular medical attendant.

Difficulty of consultant when patient is dissatisfied with usual medical attendant.

The consultant is sometimes placed in a difficulty when a patient comes to him after having had some unpleasantness with his own family doctor and enters into a series of complaints against him. No doubt it is the duty of the consultant, if possible, to remove from the patient's mind any feeling that he has been improperly treated, and to do what he can to restore harmonious relations between them; but this is not always in his power, because he has no means of contradicting assertions which may be made by the patient. The practical question is whether he should write to the medical practitioner, telling him the opinion he has formed of the case and the treatment recommended. This, on the face of it, has much to be said in its favour, as it tends to minimise the difficulties which have arisen, and preserves the family doctor's position in relation to the case. On the whole, I think it is better, when difficulties of this sort arise, for the consultant not to write. I have come to this conclusion unwillingly, but I have written in many cases, and the action has not proved successful. The family doctor is annoyed to think that his patient has appealed to anyone else; is disposed to consider the consultant responsible for the patient's dissatisfaction, and to accuse him unjustly of taking his patient from him. If the consultant does not write, the practitioner, in all probability, will not hear of

Writing to medical attendant of aggrieved patient.

the visit; in course of time the feeling of irritation subsides, and patient and doctor resume their former friendly relations.

Patient detained by consultant for treatment.

Complaint is sometimes made that the patient, instead of being sent home for treatment, is kept under the care of the consultant in a nursing home. This may at times be necessary, but when it is, the consultant should write and explain the circumstances which have induced him to advise this course. For example, a lady was sent to me from a distance, and on arrival looked very ill, and her husband, who accompanied her, said she had nearly fainted in the train. It was my opinion that she was suffering from hæmorrhage from a duodenal ulcer, and I sent her to a nursing home, where she died. But I wrote at once to her medical adviser, who quite concurred in the propriety of the proceeding.

Consultant may send a substitute if unable to attend.

If a consultant is unable to see a case sent to him—as, for example, when he is obliged to leave to catch a train—he may, if asked, recommend another to see the patient for him; otherwise the patient may have a long journey for nothing. I have known a complaint made where a consultant took the very strict view that he had no right to infringe on the family adviser's choice of a consultant, and refused to name one, thereby causing some inconvenience to the patient, who had travelled a long distance. This points to the advisability of making appointments with consultants when patients come from the country.

May consult with any registered practitioner.

Consultations may be properly held with any legally qualified medical practitioner, but no one is obliged to meet in consultation one who is known to have subordinated his practice to a dogma. Is the relative position of consultants and general practitioners towards such persons the same? If a general practitioner agrees to meet a consultant known to be a convert to, let us say, faith healing, his action implies the possibility of adopting the methods followed by that sect, and would be absurd if he repudiated them; but if a medical practitioner who habitually treats his cases by faith healing asks a consultant of the ordinary school to give his help, he equally implies by so doing his acceptance of the means which the consultant is likely to recommend, and, therefore, the consultant may, without inconsistency, meet him. I do not know whether there are any faith-healing general practitioners, but, if this is sound reasoning, it will apply to all sects to which legally-qualified practitioners may belong, including homœopathy.

Consultation with homœopathist.

Joint consultation not fair ground for increased fee.

It is most unfortunate that there should be any custom which has the effect of making it more difficult for a patient to be accompanied on a visit to a consultant by his usual medical attendant. This undoubtedly may be said of the practice which

was formerly the rule, to charge a patient a guinea if he came by himself, and two guineas if he was accompanied by his doctor. It is probable that, since it has become usual to charge two guineas for the first visit, this no longer occurs. Whatever may be said for the desirability of charging a two guinea fee—and this is not at all too large a payment for the thorough investigation of such cases as are referred to consultants for their opinion—it should be recognised that no extra fee should be paid by the patient because he is accompanied by his medical adviser.

## THE COURTESY CALL.

**Calls should be paid and returned.**

It is an old and established custom that a newly-arrived practitioner should call upon his professional neighbours. It is an act of courtesy which establishes his right to social recognition, and should not be omitted. Those called upon should return the call; this is often overlooked, but if numerous engagements have prevented their doing so they should apologise when they meet the new colleague.

**Limitations in large cities.**

In large cities it is impossible to follow this custom in its entirety, and it is sufficient for the new comer to call upon his medical neighbours within a radius of say half a mile.

**Medical sociability.**

The rule applies to medical women as well as to medical men, as it is good for all medical practitioners to know one another, and to be on friendly terms.

**Medical societies.**

If there is a medical society in the place, the new comer should seek to become a member as soon as possible.

## DENTISTS.

**Should dentists treat doctors gratis?**

Medical practitioners have no right to expect to be treated *gratis* by dentists, nor have dentists any claim for *gratis* services from the medical profession, but it is very common where a dentist and medical practitioner happen to be professional neighbours to reciprocate such services, neither is it in any way objectionable.

**Gratis services not to be given for corrupt purposes.**

It would be objectionable for a dentist to attend the family of a medical man, on the understanding that the medical man would in consequence send his patients to him; just as it would be objectionable for the medical man to attend the dentist gratuitously on similar grounds; but there is sufficient reason for friendly reciprocity in mutual personal services.

**Danger of co-operating with unregistered dentist.**

The warning of the General Medical Council against co-operation by registered medical practitioners with unregistered dentists is quite plain. "Any registered medical practitioner who knowingly

and wilfully assists a person who is not registered as a dentist in performing any operation in dental surgery, either by administering an anæsthetic or otherwise, will be liable on proof of the facts to be dealt with by the General Medical Council as having been guilty of infamous conduct in a professional respect." Yet more than one medical practitioner has asked if he could not give an anæsthetic for an unregistered dentist, pleading that he is the only dentist who comes into the neighbourhood. This difficulty affords no excuse, but shows that there are still openings for properly-qualified dentists.

## DISPENSARIES, AND PRIVATE CLINICS.

**Medical practitioner to practise only under his own name.**

It is undesirable for medical practitioners to practise except under their own names; they should not do so under the name of a Dispensary or Medical Institute; still less should they, under cover of such a name, seek to obtain patients by advertisement.

**Objections to private dispensaries.**

Medical practitioners should not join the staffs of dispensaries that are not controlled by properly constituted public bodies, and they must satisfy themselves that the rules of the profession respecting advertising, canvassing, and touting for practice are not and will not be violated by the managers, or they will justly be held responsible by their professional brethren. In too many cases this rule has in the past been violated, and the holders of these offices have found themselves held in bondage by an organisation whose acts they are unable to defend or to control, the only remedy left open to them being resignation, which in too many instances involves a pecuniary sacrifice they are unable to make.

**Advertising and canvassing by dispensaries.**

**Constitution of staff of provident dispensary.**

It might be better if no provident dispensary had a regular staff, but the committee should undertake to pay according to a fixed scale any medical practitioner selected by a member. It would rest with the practitioner chosen to accept the terms or not as he pleased.

**Objection to private clinics.**

There seems to be a tendency among certain specialists to imitate a bad example set in Germany, by establishing private clinics; for example, one correspondent thinks of establishing a free dispensary for diseases of women, "his own name would not appear, but publicity would be given to the movement. by the title being placed in the window of a small house." Another desires to establish a skin dispensary, while a third writes in the name of a group of friends who describe themselves as specialists for throat and ear, skin, mental and nervous diseases, gynæcology, and surgery; they desire to put up a plate with their names and hours of con-

sultation, and also one which will "make it known to the passers by that there is a private clinic"; he adds that they will "take lower fees than the specialists in Marylebone, reserving one or two days for free cases."

In all these schemes we may trace the desire of the private practitioner to obtain the advantages of publicity permitted to a hospital; it is, in fact, a means of advertising that is sought, and for this reason should be steadfastly discouraged by the profession.

## DOCTOR, COURTESY TITLE OF.

**"Dr." on door-plate implies possession of University degree.**

Any member of the medical profession may be called "Dr." by courtesy, but no one should assume the title by placing it on his door-plate or visiting card who does not possess the M.D. or M.B. degree of a university. It is an undoubted grievance of English medical students that their opportunities for obtaining University degrees have been in the past very inferior to those enjoyed by other countries; but the recent development of provincial universities, and the reorganisation of the London University, will in time remove this anomaly.

**Assumption of title "Dr." by every practitioner discussed.**

A few words must be said on the supposed right of every medical practitioner to assume the title of "Doctor." Undoubtedly in common usage the word "doctor" is equivalent to medical practitioner, and this use is not confined to the English language. Further, the title or name is generally given to medical men by the public, whether assumed by them or not. These facts are held by some to constitute a right.

**Formerly general practitioner was styled "Mr."**

On the other hand, a couple of generations ago it was not the custom in England for general practitioners to possess university degrees, or to use the title of "doctor"; so that Scottish or Irish graduates, when in general practice in England, dropped the title, and called themselves plain "Mr.," like their colleagues, in order not to be mistaken for physicians who charged a guinea, a mistake which might keep away possible patients.

At the present time the balance of opinion in the profession is that the assumption of the title of "Dr." by printing it on a door-plate or visiting card implies the possession of a university degree in Medicine (M.D. or M.B.), and is, therefore, a false pretension for anyone not a holder of such a degree; the reason given for extending the right to Bachelors of Medicine is that they always were "doctors" by courtesy. The argument sometimes put forward in favour of the assumption by a Licentiate of the College of Physicians is that, having passed as searching an examination as

**Argument in favour of all practitioners styling themselves "Dr."**

that for some university degrees, and the title of doctor being regarded by the public as a sign of superior education, he is fairly entitled to call himself by that which puts him on the same footing as that of those graduates. If it be granted for the sake of argument that the examinations are equal, he, or those responsible for his medical education, did not at the time recognise the disadvantage; but he must put up with the result, unless he can obtain a degree from a university on the not very difficult terms which some of them offer.

**Argument against.**

The establishment of so many new universities, and the reconstitution of London University, have made it no longer possible to say that the present generation of English students has any grievance in this respect, and it appears to be a mistake to depreciate the value of university degrees in the eyes of students by sanctioning the general assumption of the title by all diplomates.

**New universities will remove the grievance.**

There seems to be a very acute difference of opinion in the profession on this question. Naturally, some of those who do not possess university degrees claim very energetically their right to a title which they believe indicates a superior status, of which, therefore, they cannot calmly concede a monopoly to those who have had the good fortune to be educated at a university; on the other hand, it is equally natural for university graduates to regard it as a false and unwarrantable assumption on the part of diplomates of licensing corporations to put "Dr." on their door-plates and visiting cards. A resolution in favour of the assumption of the title of "Dr." by all registered practitioners was proposed at the annual representative meeting of the British Medical Association at Oxford, and was lost.

**Difference of opinion stated.**

**Opinion of British Medical Association adverse.**

Some discussion has taken place on the question, "What is a Physician?" Some provincial hospitals have this word in their rules without definition, while others define it to mean those who abstain from surgery, midwifery, and pharmacy. Such a definition as the last, although historically correct, is impracticable at the present day; for many Fellows and Members of the Royal College of Physicians of London have practised midwifery, and some of them have been in the habit of performing major surgical operations, while in Edinburgh it has happened that the same individual has been President, first of one of the Royal Colleges, and then of the other, thus successively holding the position of the local head of the medical and surgical branches of the profession.

**Definition of "Physician."**

It is sometimes maintained that a registered practitioner is *ipso facto* entitled legally to call himself what he pleases, but on several occasions the Court of Appeal has decided against this contention.

**No legal right of registered practitioner to assume title.**

After the passage of the Medical Act of 1858, the first case tried was that of Ellis *v.* Kelly. Kelly was registered M.R.C.S. and L.S.A., and, in addition, possessed the diploma of Doctor of Medicine of the University of Erlangen. He had been in practice before 1858, and had been accustomed to style himself "Dr." on his door-plate. In 1869 a summons was taken out against him for wilfully and wrongfully styling himself "Dr. Kelly," but the justices refused to convict him on the ground that there was no evidence of *wilful and wrongful* assumption of titles within the meaning of the Act. On appeal by the complainant the case went to the Court of Exchequer, and was heard before Chief Baron Pollock and Barons Bramwell and Wylde. The question for the Court to determine was whether the Medical Registration Act, 21 and 22 Victoria, c. 90, prohibits the taking and using of the title of "Doctor of Medicine" by any medical man in England unless the said title be duly registered according to the provision of the Act; and secondly, whether, if the Court should be of opinion that the Act does prohibit the assuming of such titles, the defendant under the circumstances could be held to have done so wilfully and falsely within the meaning of the 40th Section of that Act. The Court was unanimous in dismissing the appeal on the ground that there was no evidence of wilful and false assumption of title within the meaning of the Act, but in giving this judgment Baron Bramwell said:—"It appears to me that on the true construction of that Section (Section 40), if any person wilfully and falsely calls himself a doctor of medicine he would be liable to a penalty, although he was in reality a member of the College of Surgeons or a licentiate of the Apothecaries Company, and was so registered" (*Law Journal Reports*, 1861, vol. xxx., N.S., Common Law, p. 35).

**Member of Royal College of Surgeons may not style himself "Doctor of Medicine."**

The second case was that of a practitioner named Smith, who was registered as L.S.A. but had signed various certificates as M.D., or physician, adding the words "duly registered" or "registered under the Act." He was convicted by the magistrates, but appealed on the ground that they had no jurisdiction, he being duly registered. His counsel (Harris, Q.C.) said that the object of the Act was to secure that persons practising should be duly qualified and registered, and that if a person is registered as an apothecary he may pretend to be a physician or surgeon; in fact, that a man may call himself what he pleases so long as he is registered. The Chief Justice (Lord Coleridge) dissented strongly from this view, and, in giving judgment, quoted the words of Baron Bramwell, and, in supporting the conviction, said that both in principle and authority the rule must be discharged. In this

**An apothecary may not style himself "M.D." or "Physician."**

case the defendant also claimed to possess a foreign non-registrable degree of doctor of medicine—that of the Beach Institute of Indiana (*Law Times Reports*, vol. viii., 1891-2, p. 123).

In the third case, known as Hunter *v.* Clare, Hunter, a general practitioner, was prosecuted by the General Medical Council on April 6, 1898, for describing himself as "M.D. and Physician and Surgeon," whereas his only British qualification was L.S.A.; he claimed to possess a diploma of Doctor of Medicine of the Jefferson Medical College, Philadelphia. It was urged, in defence, that when told he could not use his American degree he ceased to do so, but applied to the Society of Apothecaries to know whether their diploma entitled him to describe himself as "Physician and Surgeon," and received the following reply:—

"Society of Apothecaries, London,
"Blackfriars, London, E.C.

"The L.S.A. (1886) can call himself by any title or titles which he prefers to adopt denoting his right to practise medicine, surgery, or midwifery, provided that he does not directly or indirectly assume a title conferred by another licensing body or university."

The Bench decided to convict on the information for styling himself "Physician," and imposed a fine of £5 and costs. An appeal was lodged and was heard in the Queen's Bench Division on January 24, 1899, before Mr. Justice Lawrance and Mr. Justice Channell. Hunter having died, the real parties to the appeal were the Society of Apothecaries on the one hand, and the General Medical Council on the other. Mr. Justice Lawrance said that the Court was asked to decide whether a person having the certificates of the Society of Apothecaries was entitled to describe himself as a physician. In his lordship's judgment such a person was not entitled to describe himself as a physician, and if he did so falsely and wilfully the conviction was justifiable. His lordship came to the conclusion, however, that, although there had been misdescription, it was not wilfully false, and that the conviction must therefore be quashed, but without costs, as the respondent had succeeded upon the main points. Mr. Justice Channell said that upon the whole he was of the same opinion; he thought, but was not without doubt, that the appellant had falsely described himself as a physician. The question was whether it was a true description for a licentiate of the Society of Apothecaries to describe himself as a physician. That depended upon the sense in which the word

"physician" was used in Section 40 of the Medical Act, 1858. If in that section the word meant merely a person qualified to practise in physic, then the appellant was a physician, because, though it was not so at one time, a licentiate of the Society of Apothecaries had now become entitled to practise medicine and surgery. But before the Act of 1858 "physician" was commonly used as applying to persons in the highest grade of medical practitioners, and his lordship thought it was so used in the Act. There was confirmation of the interpretation in several places in the Act. In that sense a licentiate of the Society of Apothecaries was not, in his opinion, a physician. His lordship then expressed his concurrence with Mr. Justice Lawrance in holding that the appellant had not wilfully misdescribed his qualifications, and that the conviction must therefore be quashed, though, under the circumstances, without costs (*Law Reports*, Queen's Bench Division, I., 1899, p. 635).

**Registration does not confer right to any title practitioner may choose to assume.**

It will thus be seen, although in two out of three of the cases no penalty was imposed, in every instance the judges upheld the view that registration under the Act does not give a registered practitioner a legal right to call himself by any title he may choose to adopt.

## "DOCTORS' SHOPS."

**Medical practitioners should not keep shops.**

The Fellows, Members, and Licentiates of the Royal College of Physicians of London, and the Fellows of the Royal Colleges of Physicians and Surgeons of Edinburgh and of Ireland, and of the Faculty of Physicians and Surgeons of Glasgow, are prohibited from keeping open shops for the sale of drugs. It is to be desired that every member of the medical profession should act in accordance with this rule, for it is not consonant with the claims of the medical profession that its members should be the trade rivals of the pharmacists, of whose competition in the matter of prescribing remedies they complain.

**Must not employ unqualified dispensers to sell poisons.**

Unhappily, in some parts of the country, the custom prevails for medical practitioners to keep open shops, and a few years ago these were left in the charge of unqualified assistants, which led to prosecutions under the Pharmacy Act, and to the passing by the General Medical Council of a special notice on the subject, warning medical practitioners that the employment of such unqualified persons to sell scheduled poisons would render them liable to be adjudged guilty of infamous conduct in a professional respect (see *Appendix*).

## ETIQUETTE—MEDICAL.

Popular misconceptions.

There is a widespread opinion among the public that there are rules of the medical profession the object of which is to shield the profession as a whole and its individual members from the consequences of their ignorance and mistakes, and that, to effect this, short of perjury or the sacrifice of life, there is no hesitation in suppressing the truth. No doubt colleagues are entitled to the utmost support, consideration, and courtesy, but these are subject to the higher interests of the health and lives of patients. There is probably no profession whose members in their daily life are so frequently confronted with circumstances which try their tact and discretion to the uttermost in deciding what should or should not be said, not, be it noted, in the interests of the medical profession, but in the interests of their patients, and they must be trusted to use their best judgment in deciding these points.

Interests of patient are paramount.

Need for tact.

Charge of untruthfulness refuted.

It is to be regretted that in the obituary notice in the *Times* of so eminent a member of the profession as Sir James Paget a sentence should have been written which appeared to justify this popular mistake. The writer related how Paget, when a young man, received a piece of tissue from a *post mortem* examination with a request to say whether it was cancerous or not. "His examination," writes his biographer, "showed it to be a piece of healthy natural structure only capable of being mistaken for a tumour by a very unusual degree of ignorance. A man of less tact would have said what it was, and would have made an enemy. Paget was content to reply that he had examined the specimen, and that it was not cancerous." The *Glasgow Herald* commented upon this passage as showing the influence of medical etiquette upon the character of even such an honourable man as Sir James Paget, making him prefer to tell a polite half-truth rather than give offence by exposing his correspondent's ignorance. This criticism is perhaps provoked by the perversity of the *Times* writer, who praises the reply for its "tactfulness," but it is not just to Paget, for what other answer could he have given? What is the "healthy natural structure" that might not form part of a tumour, and could only have been mistaken for it by an unusual degree of ignorance? Fat, connective tissue, muscle, tendon, bone, gland, and even nerve fibres may form part of a tumour, and no microscopist could venture to say more than Paget did. As Sir William Gairdner wrote to the *Glasgow Herald*:—"Sir James very wisely and properly confined himself to answering the question put to him, and did not go beyond it into facts on which he had no secure information."

Moreover, at the time this incident happened, very few members of the medical profession need have blushed for ignorance of normal or pathological histology.

**Etiquette may prevent supersession.**

In two recent cases the newspapers have denounced medical etiquette for having interfered with the proper treatment of a patient, but in neither was there any ground for this accusation so far as can be judged from the published accounts. In the first an old labourer cut his throat, and the nearest medical man, being sent for, attended and dressed the wound; the patient's own medical attendant, who had looked after him for two years, subsequently took charge of the case until his death. There seemed to be an impression in the minds of the coroner's jury that the change of medical attendant was the result of medical etiquette, and was not in the patient's interest. It is possible that the practitioner summoned in the emergency was the better man, but that was merely an accident. If the patient or his friends had wished him to continue the case, there is no rule of medical etiquette to prevent it, provided the former attendant was informed of the change. But it would not be conducive to the interests of patients in general if the medical man summoned in an emergency to a case always superseded the regular medical attendant.

**How medical attendant may be changed.**

**Should regulate relations to other men's patients.**

In the other instance the patient was also an old labourer under the care of a parish doctor who lived some distance away. Apparently he suffered from retention of urine, for which the vicar of the parish asked the local doctor to visit him. He did so, and drew off his urine, and repeated the operation the following day. He then suggested that the old man should be removed to the infirmary, but he does not appear to have written or communicated with the patient's regular doctor, whom we may call A., and the other B. The old man died on the night after the second operation. A. thereupon wrote an intemperate letter to the clerk of the Board of Guardians, accusing B. of having passed the catheter in spite of the patient's "refusal, protestations, and cries," and suggesting that it was the proximate cause of death; he also made charges against the vicar, which he was afterwards unable to substantiate. As the letter was read at a public meeting of the Board, it got into the papers, and led to an action for libel, which ended in a verdict against A., with £50 damages. In this case the primary breach of medical etiquette was on the part of B., who, when he discovered the old man's condition, should have relieved him and have written a note to A. explaining the circumstances. Had A. brought his complaint before a professional tribunal, he would have been altogether in the right, but his letter was unjustifiable; it not only cost

**Breach of etiquette does not justify libel.**

him dearly, but put him altogether in the wrong, as his offence in writing it was of much greater magnitude than the breach of medical etiquette of which he had complained.

A writer of a letter to the *Daily Chronicle* complained that he was unable to obtain the assistance of a physician in the severe and ultimately fatal illness of one of his children because he had unwittingly mentioned the name of the physician to the family. He was told that by doing this he had been guilty of a gross breach of medical etiquette, in consequence of which he was unable to obtain the services of the physician he had named, and a second opinion was not called in until too late to be of any use. It is scarcely necessary to say that no such rule exists, and the incident, if true—which we may be permitted to doubt—could be only a regrettable exhibition of perversity due to the bad temper or vanity of an individual, and not to any rule recognised by the profession. It should be borne in mind that medical etiquette may always be invoked in favour of courtesy and consideration to a colleague, but must never be allowed to prejudice the health or the lives of patients. *Salus aegroti suprema lex.*

**Pretended rules of etiquette.**

**Etiquette invoked to cover ill-temper.**

But before leaving the subject, the opportunity must not be lost of emphasising the need of courtesy, and even of formal courtesy, to one another. If calls are habitually not returned, letters left unanswered, or messages sent by ignorant people who cannot be expected to have any diplomatic graces, and who may quite possibly make an inoffensive speech sound harsh and rude, medical etiquette is more seriously violated, and more harm is done to the individual himself and to the profession than by all those irregularities of door-plates or medicine bottles which are too often submitted to the censure of the medical journals.

**Etiquette means the rule of courtesy.**

## EVIDENCE (MEDICAL) IN COURTS OF LAW.

Medical evidence is often called for in courts criminal and civil. The testimony given may be roughly divided into two kinds: (1) as to fact; (2) as to opinion; but the same witness is frequently asked to give evidence under both heads, being examined, first, as to the facts which have come under his observation; and, secondly, as to the opinion he has formed by bringing his professional knowledge and experience to bear upon those facts. But not uncommonly medical men are asked to give "expert evidence" when, having heard the facts stated by other witnesses, they give their opinions for the guidance of the court and jury.

**Kinds of medical evidence.**

**Expert medical evidence.**

Under the first heading the witness may be asked to reveal matters which he has learnt in the course of his attendance upon a

**Professional secrets in the witness box.**

patient, which are rightly regarded by him as professional secrets. English courts of law do not allow doctors to plead this reason for refusing to answer, but it is quite right for a medical witness to object to tell his patient's secrets in court, and he should appeal to the judge, who will not direct him to answer unless he considers it necessary in the interests of justice. In certain cases it is doubtful whether a judge would commit a medical witness to prison for contempt of court, even if he refused to obey, but it would be a risky proceeding, only to be justified by special circumstances. It must be allowed that it is possible to conceive circumstances in which a medical witness would be acting in accordance with the highest principles of medical ethics by holding his tongue and taking the consequences. For example, a political offender is injured in the hand in attempting to escape from the police, and is attended at a friend's house by a doctor; he recovers and leaves the country, but the friend is prosecuted for aiding him to escape, and the doctor is called to prove that he attended a man wounded in the hand at the defendant's house. This is a case which happily in these times, or at least on this side of the Irish Channel, is not likely to occur, but it may serve to illustrate the sort of circumstance in which silence on the part of a medical witness might be the "noblest duty."

**May sometimes be our duty to keep silent.**

There are less romantic opportunities for the exercise of judgment and good feeling in connection with medical evidence. A medical witness should not offer to give evidence against any person who has been under his professional care, even if his sympathies are not with him: he should appear only on *subpœna*. A person treated for a small injury may make an exaggerated claim against a railway company, and it may have come within the knowledge of his medical attendant that he was intoxicated at the time he was injured, but he ought not to communicate with the company or furnish any statement which may go against his patient; if called by the company he should give evidence only under the direction of the judge. He ought to maintain a dispassionate attitude towards the legal contest, and not allow himself to become so keenly interested in the result as to be in danger of becoming an advocate for the side on which he is called. It is to be desired that medical witnesses in civil cases from both sides should meet and agree so far as possible, so that the conflict of evidence may be minimised. For example, both sides may agree on the facts, but legitimately differ on the conclusions, one side emphasising the more hopeful, the other insisting on the graver aspects of the same set of facts. The

**Medical man not to volunteer evidence against a former patient.**

**Medical attendant should not communicate with the other side.**

**Medical practitioners should not become advocates.**

**Medical witnesses of both sides should meet and confer.**

court will understand this difference, and be able to strike a balance. But when one medical man says there is a definite lesion—*e.g.*, a fractured spine—which the witness on the opposite side denies, the court is placed under the unpleasant obligation of deciding which of them is telling the truth. This is a dilemma which rarely occurs between well-educated medical witnesses, and might always be avoided by a conference. The objections to conferences said to be entertained by lawyers are not worthy of respect unless they are justified in throwing obstacles in the way of reaching the truth. In my personal experience of civil actions no such objections have been made by the lawyers, and conferences between the medical witnesses have generally taken place.

**Objections to conferences said to be made by lawyers.**

A medical witness should not put forward his opinions as if they were facts, but he is entitled to invest his honest views with all the weight they may derive from his personal authority. He ought not to mislead the court. A medical witness of great eminence, who was attempting to minimise the evidence of wasting in a partially paralysed limb, asserted in my hearing that the right leg is invariably smaller than the left! An action was brought by the widow of a working man to recover compensation for the death of her husband, who had died of diabetes, following an injury caused by a blow on the leg from a falling slab of slate. The medical witnesses for the defence told the court that (1) diabetes, if due to injury, arises within forty-eight hours of the accident; and (2) although diabetes may arise from injury, it is only after lesions of the head or abdomen, and not from injuries to the leg! One witness is reported to have told the court that "to accept the theory that diabetes resulted from shock accompanying an accident sustained over four weeks before would be to upset scientific medicine of the last fifty years." These statements are absolutely contrary to the teaching of the best authorities on traumatic diabetes, but they were made by "expert" medical witnesses to a County Court Judge. Fortunately the medical witnesses for the plaintiff, although not experts, referred the judge to the opinions of recognised authorities, and the judge having satisfied himself that these did not support the views put forward for the defence, summed up in favour of the plaintiff, and the jury awarded her reasonable compensation.

**Opinions should not be too positive.**

**Witness should not mislead the court.**

The appearance made by medical men in the law courts has a good deal to do with the general estimation in which they are held, and it is therefore of moment to their profession that they should conduct themselves so as to earn the respect of those who listen to them.

Stong position of medical witness.

Although the medical witness may be the only person in court (with the exception of other medical witnesses who may be present) who thoroughly knows the subject about which he is talking, it should not be forgotten that successful barristers are men whose training enables them to pick up very quickly a certain amount of knowledge on any subject, so that it will not do to rely upon their ignorance. If the medical witness really understands his case, he need not be afraid of any barrister; he should, before going into the witness box, clarify his ideas as much as possible, and make up his mind what are the essential things he wishes to lay before the court, and he should seek the least technical language in which to express them. With respect to his matter, let him imagine that he is going to address a medical society, and say nothing which he would not feel sure would meet with the approval of his medical brethren: if in doubt about any pathological or toxicological point he should admit the doubt.

Abstention from unnecessary technicalities.

Avoidance of partisanship.

A medical witness should not be a partisan. He should give his candid opinion of the case, and if, upon that, the lawyers are willing to call him, he can have no objection to going into the witness box; but he must absolutely refuse to have his opinions suggested to him. His conclusions should be moderately stated; he should give due weight to any facts which tell against his client. By adopting this attitude he will be, not a less, but a more effective witness for the side on which he is employed, for the jury is more likely to be guided by a medical witness who is evidently fair and moderate in his statements than by one who shows bias.

Moderation in stating opinions.

Expert not to change sides.

If a medical practitioner, after being consulted as an expert by one side, is informed that he will not be called, it may happen that he may be approached by the other parties with a request to give evidence for them; it is right that he should refuse, as he could not well avoid making use of information which he had acquired when he stood in a trusted position towards the other side. This rule, however, applies only to experts, and not at all to witnesses to facts, who, of course, cannot refuse to testify to those facts, whichever side calls them.

## EMPLOYERS' LIABILITY.

Employers not liable for attendance on servants.

It should be remembered that masters and mistresses are not liable to pay for medical or surgical attendance upon any persons in their employment, unless these services are rendered at the instance of the employer. As a rule, medical attendance upon indoor servants is paid for by the head of the family, but it is

almost as much the rule for outdoor servants—such as coachmen, grooms, and gardeners—to have to pay for themselves. Although, under the various Acts for giving compensation to workpeople and others for accidents received in the course of their occupation, compensation must be paid by the employer, he is not liable to pay any medical or surgical fees; and any insurance company which has assumed the employer's liability stands in the same position; therefore, medical practitioners should remember that they must look to the patient for payment, and that the law affords them no prior claim over other creditors to money received in compensation, even although the patient may have claimed and been paid a sum of money on account of the medical or surgical expenses he has incurred.

**Employers not liable to pay directly to medical practitioner for services to injured workman.**

**Practitioner has no prior claim to money paid in compensation for medical expenses.**

As the workman is often unable to pay at the time, and sometimes disappears when he has received his money, the doctor's position is not satisfactory, for he cannot very well refuse to give the certificate or to attend a case of injury. Under these Acts certificates are frequently required, for which fees are payable, but unless asked for by the employer or the insurance company the medical man must look to the workman for payment.

Insurance companies which contract to indemnify employers often require all injured persons to attend at the consulting rooms of their medical officers for examination, but if, in the opinion of his medical attendant, the workman is not fit to leave his house, a certificate to that effect should be sent to the company, whose medical officer would then be compelled to visit the workman.

**Workman must attend at medical examiner's consulting room, if able.**

Medical men who visit injured workmen under the care of other practitioners in order to report for the employer or an insurance company, should write to announce their intended visits, so that the medical man in attendance may be present to remove splints or dressings, as complaints often arise when this is done by the visitor. If, however, the workman's medical attendant is not present the employer's or company's doctor must remove them, but he should replace them with care and be particular not to express any opinion upon the case or its treatment to the patient.

**Medical examiner should give notice of visit.**

A medical man in attendance upon an injured workman may refuse to give him any further certificate of inability if in his opinion the workman is fit to resume his occupation, but he should decline to express any opinion on the case without the consent of his patient if asked by the employer or insurance company, although if served with a *subpœna* he will be compelled in the witness box to answer such questions as the judge may direct.

**Medical attendant of workman may refuse to certify inability.**

**Should decline information to workman's employer.**

**Workman bound to submit to medical examination.**

A workman who claims compensation for an injury is bound to submit himself for medical examination, and his weekly payments may be suspended until he complies.

**Medical man not to consider the accident.**

When consulted by a workman about an injury alleged to be the result of an accident, it is not the duty of the medical practitioner to ascertain whether the accident did take place, or to endeavour to define what constitutes an accident; these questions should be left

**Medical man's duties.**

to the court to determine. He is asked to say whether, supposing certain events constituting the alleged accident to have occurred, the patient's condition in whole or in part is the result of such accident; he will be asked to define as nearly as possible the extent to which the accident is responsible for the patient's present condition, and to state the extent of the injury or incapacity resulting from the accident, its effect upon the injured person's health, prospects of earning his living, and the duration of his life. These are all questions to which a medical man is competent to supply answers.

**Medical attendant on workman must not refuse access to him.**

A medical practitioner attending a workman who has met with an accident is bound to allow access to him by a medical man on behalf of the employer or an insurance company, or the claim of the patient may be prejudiced.

A case occurred where a workman met with an injury, and was admitted to an Eye Hospital; the Railway Company's doctor wrote to ask permission to see him, but was refused by the member of the staff who had charge of the patient, except on the condition that he was present at the interview and was paid by the Railway Company a three-guinea consulting fee for his attendance! Such a claim was preposterous, and if by his refusal the workman's interests had suffered the doctor would have been liable. The only ground upon which the employer's doctor can be properly refused permission to visit the patient is that the patient's condition is so grave the visit might be injurious or dangerous to him.

## EXHIBITIONS AND SHOWS.

**Practitioner may accept employment at exhibitions and shows.**

Medical men are sometimes employed in exhibitions or shows, which are generally extensively advertised. If they are engaged to look after the employees, and to render aid to visitors who are taken ill or meet with accidents, the post is legitimate, but their

**His name must not appear in advertisements.**

names should not figure in the advertisements, as was the case with the "Consulting Medical Officer" to Buffalo Bill's Wild West Show at Olympia.

A medical practitioner may attend in a professional capacity at any athletic contest, or superintend prolonged fasts or long walks, but he must realise his responsibility, and interfere if he thinks life in danger; if his advice is refused, he should make a formal protest, and decline all further responsibility.

**He may superintend medically athletic contests and fasts, but is responsible.**

A medical practitioner has been asked to be present at an electrical exhibition or a charitable bazaar to demonstrate the action of electrical novelties, such as the X-rays. If he agrees to do so, he should confine himself to showing the methods of application, and should not discuss the treatment of disease, nor should he allow his name to appear in the advertisements.

**Should not make a show of the treatment of disease.**

## EXPERIMENTS ON ANIMALS.

It is justifiable to seek to throw light upon obscure questions in the nature and treatment of disease by experiments upon animals, but all possible care must be taken to inflict no avoidable pain or suffering, either by the performance of operations which are unnecessary or not well thought out, or by the neglect of precautions by which the distress of the animal may be alleviated or prevented. No person can legally make such experiments unless licensed by the Home Secretary and in a licensed place.

**Experiments on animals are justifiable.**

## FACTORY SURGEONS.

Certifying surgeons under the Factory and Workshop Act are appointed for the purpose of certifying to the fitness for employment of children and young persons about to be engaged in factories and workshops, and to investigate and report on the accidents taking place in such factories or workshops.

**Duties of certifying factory surgeons.**

He must not grant a certificate except on personal examination of the persons named therein, and must be satisfied that the person is of the age specified and is not incapacitated by bodily infirmity or disease from doing the work required. If unable to grant the certificate he may be required to give his reasons in writing.

**Conditions of granting certificate.**

When a certifying surgeon receives notice of an accident at a factory or workshop he must go there with the least possible delay and make an investigation of the nature and cause of the death or injury, and within the next twenty-four hours send a report upon it to the Factory Inspector. For the purpose of this investigation he has the power of an inspector, and can enter any room to which the injured or deceased person may have been removed.

**Duty in case of accident in factory.**

This latter provision settles the right of a factory surgeon to visit such an injured person even if he has been removed home or to a hospital, and is under the care of another practitioner; but be

**Right of factory surgeon to visit injured person.**

should show proper professional courtesy towards such practitioner, endeavouring to secure his presence at the time of his visit.

**Duty in cases of industrial poisoning.**

The same provisions as in accidents apply to cases of lead poisoning or arsenic poisoning, or anthrax occurring from employment in a factory or workshop.

**Need for care in the work.**

It is most desirable in the interests of the profession that all the duties of a factory surgeon should be performed with care, and especially that all examinations and certificates should be made and given with a proper sense of responsibility. Cases of organic disease of the heart especially should not be overlooked in certifying fitness for employment.

## FEES, AND CLUB RATES (see *Underselling*).

**Fees are customary, but not fixed.**

There are no fixed fees in the medical profession, if we mean by the expression "fixed fees" a tariff regulated by some recognised rule, to which either a patient or a practitioner can appeal; but there are customary fees, which vary with the place, the status of the practitioner, and other circumstances. Consultants practising in London usually charge at the rate of two guineas every three miles for country journeys, while in Birmingham the basis is half a guinea a mile, so that a thirty-mile journey from London is twenty guineas, and from Birmingham fifteen guineas. This rule is subject to certain exceptions, the fee being less than the maximum to particular places with good railway facilities; while for places near at hand the two guineas which is charged for a consultation at home is added to the mileage. Fees are reducible at the discretion of the consultant, and it is right and proper to do so if the patient's circumstances justify it.

**Fees reducible at discretion.**

**Higher fees for night work.**

On the other hand, night journeys may be charged fifty or a hundred per cent. more than this rate. One consultant may charge a higher fee than another without giving the patient a right to complain, provided that he mentions his fee beforehand; if there is no such understanding, he ought not in fairness to insist on more than the usual amount, although it is the duty of the patient to ascertain the fee before summoning the consultant. Physicians do not sue for their fees, but if a surgeon were to sue, the judge would in all probability require some ground for an unusual demand, although he would probably consider great professional reputation to be sufficient reason. A fee once paid cannot be recovered on the ground of overcharge. As a rule, it is best to find out the customary fee, and to ask neither more nor less than is usually accepted by other practitioners of equal position for the same service.

**Customary fees should be adhered to.**

**A fee is a gift.**

All services should be paid.

Fees are rightly demanded for all services rendered to people able to pay, and it is to be regretted that even medical practitioners themselves are in the habit of trying to get work done for their patients without payment. For example, a practitioner was in attendance at a confinement, but left to go to his house. While there the servant was sent to fetch him back again, but she by mistake fetched another practitioner, who, on arriving, was told how matters stood. He naturally asked to be paid for his trouble, and the extraordinary circumstance is that his perfectly legitimate claim (he only asked five shillings) was opposed by the colleague from whom he had a right to expect support. As was stated in this reply, the mistress was responsible for the mistake of the servant, and the public should not be encouraged to believe that they can send for a doctor in an emergency, and refuse to pay him if his services are not required. Only poverty could be pleaded in exemption of such a perfectly legitimate claim. Another somewhat peculiar case that came under my notice was one where a consultant allowed his fees that ought to have been paid him for seeing cases in consultation with a general practitioner to stand over for several years, and he did not appear to know whether the general practitioner had included his fees in his bills or not, or whether he had received the money or not, and the consultant wished to know whether he could make the general practitioner responsible. He was told that he could insist upon an account being rendered to him of any monies received for such fees, but that it was probable the only legal remedy he would have would be by civil process.

Practitioners should not oppose legitimate expenses of colleagues.

Poverty sole ground for gratis service.

Consultant's fees should be paid at the time.

Underselling defined.

Reduction of fees or club rates is not in itself a ground for ethical complaint, except where the practitioners in a district have agreed to certain rules, and no one, after having so agreed, should seek to gain a shabby advantage by taking less than the rate.

Raising fees or club rates.

Sometimes an effort is made to increase the rates for clubs by holding a meeting of practitioners, at which it is decided to ask for an increase, and the practitioners concerned who do not attend the meeting are asked by circular to fall in with this proposal. Should all signify their willingness to do so with the exception of one man, who declines on the ground that he cannot afford to lose his clubs, and dare not take the risk, he is called a black sheep, incurs more or less professional odium, and is perhaps expelled from the local medical society; but he has done nothing ethically wrong, as he had not agreed to be bound by the vote of the majority. If he had joined a society which had a rule forbidding any member to accept a lower rate than that fixed from time to time by the society, he would be in the wrong, as on becoming a member he had *ipso facto*

agreed to accept the ruling of the majority, and would be liable to any penalty which the society liked to inflict for a breach of its rules. He would be equally bound if this rule were passed after he joined, because he could have opposed it if he disliked it, or have resigned if it was carried against him. If, therefore, medical men wish to take united action about club rates, they should adopt such rules. This is being done by many divisions of the British Medical Association, and they are also taking steps to enable them to give notice of the failure of a member to obey the ruling of his division or branch, so as to subject him to the pressure of professional disapprobation, with all that that may mean.

United action needed.

Practitioners should render statements of the amounts owing to them at regular intervals, and must, if required, furnish particulars. In Scotland—at least, in Edinburgh—the uncomfortable practice was followed of rendering no accounts, the patients being supposed to send a cheque at the end of the year for the sum estimated to be due. This is unfair to people of limited means who have no money to spare, but yet wish to pay their just debts, as it throws upon the patient the duty of keeping an account of the doctor's visits. In Ireland I believe it is the custom to give the doctor a pound at his first visit, and to renew this fee at every third, fourth, or fifth visit, according to the means of the patient and the position of the doctor. It is needless to say that it is a good plan, as all ready-money payments are to be encouraged.

Rendering accounts.

Ready money the best.

In poor-class practices a ready-money payment to cover a certain number of visits and medicine is common.

There is nothing unethical in suing for the recovery of fees. Some men will not do so because they think it makes them unpopular, besides involving loss of time; but if it were known that doctors always declined to sue, a much larger number of bad debts would be made than is now the case. I should like to get some statistics of the amount of bad debts usually incurred in general practices of different kinds. I remember being told many years ago by an old and very successful general practitioner in Birmingham that in his best days he booked so much a year and got 75 per cent. of it. He seemed to think that quite a good proportion, but I confessed that I was astonished to hear that 25 per cent. of bad debts was regarded as satisfactory. Is it so now?

May sue to recover fees.

Losses on book debts.

## GIFTS FROM PATIENTS.

The relation between medical practitioner and patient is not comparable to that of the parties to a commercial transaction, but is one of trust, the health, future prospects, and even the life of the

Position of practitioner to patient is one of trust.

patient being committed to the care of his medical adviser. This view is that which is taken by the courts of law, and medical men must therefore be careful how they accept considerable presents of money or valuables from grateful patients. Such gifts to be valid should be made with the knowledge and consent of some independent person, such as the patient's legal adviser or a near relative. Where this precaution is not taken, the Court may order the property to be refunded even after the patient's death. An old lady presented her medical man with a horse and brougham more than a year before her death, but the executors disputed the gift, and the court ordered its return, although the judge said that there was no imputation upon the honour or conduct of the medical practitioner, who was somewhat hardly dealt with, but it was right that medical men should know that they occupy a position of trust, and that if they receive valuable presents from their patients without consideration they may be called upon to restore them. If anyone is placed in the pleasant position of having a patient who desires to give him a horse and brougham or other property of value, it is necessary to explain to the patient that for the gift to be effective the consent of some independent person should be obtained.

Gifts from patients should be with the knowledge of some independent person.

Court orders return of gifts.

In Mitchell *v.* Homfray (Court of Appeal, 1881), Lord Selborne said that in Rhodes *v.* Bate it was laid down in clear terms that, in order to uphold a gift made to a person standing in a confidential relation, the donor must have had competent and independent advice in conferring it, and that this was undoubtedly the rule so long as the confidential relation existed.

For the same reason, wills by which considerable sums of money are left to medical attendants are liable to be set aside. Two medical practitioners, a father and son, attended an old lady who lived alone and had no near relations. After she died a will was found leaving the whole of her property, amounting to almost £3,000, to the son. The will was opposed, and was set aside by the Court on the ground of undue influence, although the testator was of sound mind.

Legacies may be invalid.

## GRATIS ATTENDANCE ON MEDICAL MEN, THEIR WIVES, FAMILIES, AND DEPENDENTS.

A Pathan proverb says—"Brotherly love is all very well, but let there be some sort of account kept." There is no rule that medical practitioners should not charge one another for their services, and, in spite of the Scottish saying that "Hawks dinna pike oot hawks' een," gratis attendance at best is a generous custom. It should

Gratis attendance of medical men not a matter of right.

be regarded as a pleasure and privilege to give one's services freely to a professional brother or to a medical student, although if a consultant is asked to travel some distance to see a colleague, the nature of the expected service must be explained to him, and a very busy man may be excused if he finds himself unable to go; it is usual in such a case to pay the railway fare.

**Custom extended to families of medical men.**

How far this custom should extend to the members of the family of a medical practitioner depends upon whether the fee would come out of his pocket. There can be no reason for asking anyone to attend without payment the relative of a medical practitioner in an independent position, and it is seldom expected; but even a dependent member of a doctor's family, away from home, if he or she calls in medical attendance without explaining the position, must not complain if asked to pay, although on ascertaining the facts the attending practitioner should not press his claim. It is unreasonable of a medical practitioner to object to pay the fixed annual sum (generally a guinea) for medical attendance on boys at a public school. Medical men in foreign health resorts are most generous in refusing to accept fees from a fellow practitioner or his relations when under their care, and consequently there was much justice in the complaint made by one of them when he was charged a fee by a London physician whom he had consulted regarding his own health.

**Exceptions.**

**Gifts in place of fees.**

It is customary to recognise considerable services by a present, which may be of less value than the amount of the fee, but is a graceful acknowledgment of the obligation.

## GRATIS PATIENTS.

**Gratis work defined and limited.**

It may be safely asserted that the medical profession gives its services gratuitously more often than any other, but of late years it has become apparent that, like the giving of alms, its results are not entirely beneficial even to the recipient, and that it is desirable to exercise a wise discretion in charitable work.

While it is a privilege to be able to refuse a fee from a struggling man or woman, no practitioner should see gratis patients indiscriminately at fixed hours of the day, as used to be the custom until the abuses which arose out of it led to its being given up. It is not right to see a patient for nothing because he cannot afford to pay the accustomed fees, when he could be efficiently treated by a less expensive practitioner whose fees would be within his means. But a consultant may give his opinion, or, if the case is one which requires a surgical operation, a surgeon may

perform the operation gratuitously if the patient is unable to pay his accustomed fee, although in a position to pay for ordinary medical attendance. Many surgeons are most kind and charitable in helping in this way those patients who are above the class for which hospitals are provided, but have sometimes less money than many a working man, and the profession is grateful to them.

Clergy have no right to gratis attendance.

The clergy as a class have no right to expect, and should not be accorded, gratis treatment, but many of them are most suitable cases for consideration in respect to fees, as are all persons who have to maintain respectable social positions on small incomes.

Refusing fees often unfair to colleagues.

Some years ago a famous London surgeon, while enjoying a holiday in the Highlands of Scotland, was summoned to a neighbouring mansion to see a patient who was suffering from stone in the bladder. He operated upon him, but refused a fee on the ground that he was not practising at the time; but, as the *Lancet* pointed out, the patient could very well afford to pay, and if the surgeon did not wish to disturb his holiday by professional work, there were plenty of surgeons in Scotland able to treat the patient who might fairly have been allowed to earn the fee. The money was perhaps of no moment to the great London surgeon who was making a fortune by his practice, but would have been welcome to many a professional brother as competent if not as famous as himself.

A. and B. are practitioners in a country town where A. has the bulk of the practice and keeps four assistants; B. is a newcomer and single-handed. C., who pays club subscriptions to both A. and B., consulted B., who offered to perform a small operation for two guineas, but A. performed it for nothing. On being asked for an explanation, A. said it was not his practice to charge club patients an extra fee for an operation, as his assistants enabled him to do it without extra expense. He further urged that if B. had received the two guineas, he would have been no better off, as it would have cost him as much to obtain the necessary assistance. The line of argument is unsound. If A. had said he considered the case a suitable one to which to give his services for nothing, there would be no reply, as the patient had not accepted B.'s offer to do the operation for two guineas, but A. has nothing to do with the way B. may dispose of the fee, and it is contrary to the interests of the medical profession to give one's services gratuitously to a patient who can afford to pay.

Involuntary gratis work.

Country doctors are most unfairly made to do a great deal of work for which they are not paid. The owners of large houses have a number of outdoor servants, coachmen, grooms, and stable

helps, gardeners and assistant gardeners, keepers and assistant keepers, most of whom, excluding the headmen, are a floating population, rarely staying long in one situation. When they are ill or meet with an accident, their masters repudiate any liability for the doctor's bill, yet if the doctor refused to attend he would give unpardonable offence. A friend practises near some famous kennels where during the hunting season a large number of stable boys, with other helpers, are employed. They frequently meet with accidents, such as being kicked by a horse, and he is sent for in a hurry to attend them, but he assures me that he never gets a farthing for his services, as the boys are unable to pay, and the masters will not!

## HOSPITALS.

**Objects of hospitals.**

Hospitals were founded to provide for the poor the medical and surgical treatment, nursing and care which they could not obtain in their then for the most part miserable homes. The medical profession aided in this work of charity by giving their services, while the public found the money to pay for the buildings and their maintenance. Most of our general hospitals were founded in the latter half of the eighteenth century, when the rich had awakened to a sense of their duties towards the poor; but the conception of this duty was incomplete, and hospitals were so few and small in proportion to the population that their support seems to have been considered a work of supererogation not binding upon all persons able to contribute towards it.

**Their educational value.**

Incidentally, they have proved to be of great value as schools for the education of medical practitioners, and special hospitals have sprung up in great numbers owing mainly to the desire of individual members of the medical profession to obtain opportunities for studying certain classes of disease and for acquiring skill in their treatment.

**Charitable and municipal hospitals compared.**

Hospitals in this country are now so numerous and so generously maintained by private benevolence that they nearly suffice for the public needs, but they are so generally admitted to be necessary that there is no doubt they would be provided by the State or Municipal authorities if private charity failed, as indeed we find to be the case in most European countries. Where hospitals are maintained by public authority the medical service is paid, but owing to the value of these appointments in affording opportunities for acquiring special knowledge and skill the salaries are small.

**Value of hospital appointments.**

These appointments are always highly prized, and there is much competition among the best available men to obtain them. In

return the amount of time devoted by the members of the staff to hospital work is considerable, amounting to nearly half their working days, and during many years there is only a small pecuniary return for this labour in the shape of private practice, success in which is often dependent upon other qualities than knowledge or experience. Besides, the number of men engaged in hospital work is too great to give them anything like a monopoly, and the majority of the staff of any hospital at any given time are probably not making a living by their profession. Gibbon, somewhere speaking of medicine, calls it "this salutary and lucrative profession," but if we consider the numbers who are engaged in it the total earnings are not great, and the large incomes of a few are more than counterbalanced by the scanty subsistence derived from it by most.

**No monoply created.**

It was formerly the usual custom for applicants for hospital appointments to have to address the whole body of governors and to circulate letters of application and copies of testimonials by the hundred, as well as to advertise the letter of application in the local newspapers; this was not only expensive, but had the appearance of a personal advertisement of a very undesirable kind. The system has been generally abolished, small election committees having replaced the whole body of Governors, and the advertising of letters of application is no longer required. It may still obtain in some small places, but every effort should be made by the staffs of those hospitals to bring about this necessary reform.

**Advertising and canvassing for hospital appointments.**

Hospitals are supposed to be free to all necessitous persons, but this freedom is more or less limited. The old universal plan was to require each patient to bring a ticket from a subscriber, making the subscriber the almoner of the charity; but subscribers will not always take the trouble to find out persons requiring aid, or even to give their tickets to those who, like the clergy, come more directly in contact with the poor. Consequently it has been found necessary to relax this rule more or less, and at many hospitals all applicants are seen. This, again, has its disadvantages, as persons who cannot properly claim the assistance of a charity have been known to present themselves. This abuse is fairly effectively checked where each patient is first seen by a clerk, who takes down his name, address, and occupation.

**Subscribers' tickets.**

Some hospitals, again, limit the freedom of admission by charging a so-called registration fee, which varies from 6d. to 5s., and has to be renewed after a fixed period varying from two to six weeks if the patient continues in attendance. This registration fee has been imposed partly to check the number of applicants and partly as a

**Registration fees.**

source of revenue. Neither reason seems sound. If the numbers are too great they should be limited by rule; if the patient pays in part for his treatment, the hospital departs from its claim to be a free charity, and the patients suppose that their payments make the transaction a commercial one, by which abuse is encouraged.

**Selling tickets.**

But the worst system of all is where tickets are sold, in such a way that any would-be patient can buy one and thereby claim the right to free treatment. This system directly encourages hospital abuse in its worst form.

**Duty of staff to check abuse.**

It is the duty of medical officers of hospitals to use their influence to prevent this abuse.

**Fallacy in hospital statistics.**

We are all familiar with the statistics with which every few years it is proved that one in three of the population obtains medical assistance at the hospitals, but I suppose no one really believes them. I do not doubt the figures, but apart from the fact that the same patient often appears two or three times a year in the same hospital register, the same patient goes to several hospitals in the course of a year.

**The perennial patient.**

There is a class of persons who frequent hospitals largely from choice; these people suffer from some chronic incurable condition, functional or organic, and are more or less permanent invalids. With their varying symptoms they make the round of the general and special hospitals. In this way these apparently vast numbers are at least in part accounted for.

**The well-to-do in hospitals.**

That there is some abuse by persons who can afford to pay is certain, but it is less than is sometimes asserted. It is best checked, as already stated, by the existence of an enquiry officer.

**Wage limit.**

It is not possible to apply a hard and fast wage limit to hospital patients, for these reasons:—Many cases are quite able to pay for ordinary medical attendance who cannot pay for a serious surgical operation and its attendant expenses; others can pay for medical attendance for a time, but a prolonged illness overtaxes their resources; others would pay if illness did not involve temporary loss of income; others are well off, being single, on an income on which a married man with a family struggles to make ends meet; again, a married clerk on three pounds a week is worse off than a working man in the same position. For these reasons hospitals have found it impossible to lay down any fixed wage limit, and the Hospitals Committee of the British Medical Association has accepted the phraseology that hospitals are only intended for persons who are not in a position to pay for "adequate" medical or surgical treatment.

**Advertisement of hospital staff.**

Much complaint is often made of the standing advertisements of country hospitals in the local papers giving the names and hours of attendance of the physicians and surgeons. In consequence of

representations made by the Council of the British Medical Association, this practice has been generally abolished or modified by the omission of the names of the staff.

Tenure of office.

Hospital appointments were formerly made for life, but are now usually for a term of years, but the Board has always the power to call for the resignation of an officer, and if he refuses to resign may dismiss him; but such action is very rarely taken, although a few years ago the whole staff of a London hospital was dismissed. More frequently it has happened that the whole staff has resigned in consequence of a disagreement with the lay management, but this is generally bad policy, as there is no difficulty in getting others to take their places, and the Board comes out of the struggle with increased power, whereas if the staff is in the right its members have sufficient influence to effect reforms if they stick to their posts, are united, and use their power wisely. This was well shown in the successful termination of the struggle between the staff and the all-powerful House Governor and influential Board of the National Hospital for the Paralysed and Epileptic.

Representation of staff on Board.

It is desirable that the staff should be adequately represented on the Board of Management, because by this means the members of the Board get to know the staff individually and learn to appreciate them as business men, as well as in their professional capacity, and more friendly relations are established than are likely to exist if the medical staff and the lay committee do not meet and their communications only take the form of resolutions sent from the Medical Board to the Board of Management. Under such circumstances misunderstandings are certain to arise and are apt to become serious, because no opportunity for explanation is given. Each party sees the question too exclusively from its own point of view. The plan existing at the Birmingham General Hospital works very well. Two elected representatives of the medical staff attend the weekly meetings of the House Committee, and serve as a link between the lay and medical bodies. These representatives see the difficulties which arise as they appear to the House Committee, and are able to put them forcibly before their medical colleagues, while they are also always able to explain the medical side of any question to the House Committee. In this way both parties work with mutual respect, and on both sides it is fully recognised that all are working for the common good.

Staff should share in work of administration.

It is the duty of the members of the staff to take an active interest in the work of the hospital, and to show that they sympathise with and appreciate the labours of the lay committee and the officials. Co-operation is the secret of success. Neither staffs, lay

committees nor officials, are infallible; each may be prejudiced, one-sided or narrow if left to pursue their own aims, but when working together they neutralise faults and achieve good results.

**Resident officers and rules.**

Hospital residents do not honour their profession by ignoring rules or by setting up their backs against the hospital authorities. No great institution can be worked without rules, and there must be some official head. When there was one house surgeon who held office for several years this power was placed in his hands, but with the greatly increased work required from the resident staff their numbers and their relatively short term of office, this has necessarily reverted into the hands of a permanent official. No doubt a medical superintendent is the ideal head of a hospital, but he is a costly personage if he is to be a good man, and few hospitals can afford the salary and housing accommodation such an official requires. The only experience of the kind at the General Hospital was not a success so far as the residents were concerned, as they resisted his authority quite as much as they have ever done that of a lay House Governor.

**Medical superintendent or lay house governor.**

**Medical *v.* lay authority.**

Some practitioners are liable to look at all questions too exclusively from their professional standpoint, and to despise Boards of Management and House Governors; hence friction arises. They should guard against this failing, and recognise that there is another standpoint which is as worthy of consideration as their own.

**Comparative freedom of English hospitals.**

We do not sufficiently appreciate the freedom we enjoy in our hospitals, especially in the admission and discharge of patients, as compared with the position of the staffs in State or Municipal hospitals abroad, or even in their few charitable hospitals. If the transfer of hospitals to local authorities ever takes place, as some medical reformers desire, I do not think the change will be beneficial to the hospitals or to the medical profession.

**Party government and hospital management.**

Under such conditions it is inevitable, where there is party government, that party feeling should influence the management of the hospital; appointments are made on party lines for party reasons. The trouble at the Adelaide Hospital some years ago arose from the Labour Party newspapers in South Australia interfering in the question of the appointment of a lady as night superintendent, and the quarrel resulted in the nominated Board of Management being replaced by gentlemen more amenable to Governmental pressure, and in the resignation of the whole honorary staff, which was replaced by two stipendiary officers. After some years the staff returned, but who can doubt that the interests of the patients and the work of the hospital suffered from such a revolution?

An article purporting to be written by a medical practitioner has been published lately in a magazine under the title "Hospitals: Their Use and Abuse."

Charges against hospitals.

The writer makes a number of charges against hospitals, which are only worth noticing as indications of practices which, if they exist, should be denounced as evils and promptly checked whenever they appear. That there is much exaggeration and misapprehension in the article is certain.

Patients sacrificed to students.

The first statement proves this, for he says the treatment of the patients is entirely subordinated to the instruction of the students. Nothing in my hospital experience justifies such a charge. It cannot possibly be true of surgical treatment, and there is no reason to believe that medical treatment is either neglected or perverted from its true purpose—the relief and cure of patients.

Exposure of women.

The next charge is that women are stripped naked for the purpose of demonstration. This is quite contrary to the usual practice of English hospitals, and repugnant to the sentiments of English people. I have never seen such a thing done, and it ought not to be sanctioned by any hospital.

Delay.

He complains that patients are kept unduly long at hospitals, and are exposed to loss of time and money in order to be used for class demonstration. This is contrary to my experience. If patients are detained for teaching purposes they are asked if they can stay, and are often paid or given food, but they are not kept against their will. If such a thing is done anywhere it is so manifestly unfair that it should be stopped.

Cruelty.

His last complaint is of the cruelty of inflating the stomach of a patient suffering from malignant disease of that organ by means of $CO_2$, which he describes as a fiendish trick performed from motives of idle curiosity. He speaks of it as being done to dying women, for which, of course, there could be no excuse, but he does not explain to his readers that it is a useful and often indispensable means of diagnosis.

Charges false.

The article itself is the gravest breach of ethical propriety, for there can be no baser action than to libel one's own profession or those institutions for which its members are mainly responsible.

Consideration to hospital patients.

The prime duty is to consider the interests of hospital patients, to have regard to their feelings and time, making use of them for instruction only so far as can be done consistently with these obligations.

Teaching treatment.

The treatment of disease in hospital is by no means taught so well as could be wished, as it is so much more essential to teach principles of diagnosis, and so much time is taken up with this that

the student is rather left to gather the treatment for himself than actually taught it. Thus, so far from the treatment of patients being subordinated to the instruction of students, it would be truer to say that the treatment of patients enters less than one could wish into the instruction of students.

**Fees not to be taken from hospital patients.**

It is most undesirable that fees should ever be taken from hospital patients. This prohibition, of course, does not extend to those hospitals in which special arrangements are made for paying patients. But where a patient goes to a hospital to get gratuitous treatment and the payment of fees forms no recognised rule of the hospital, a fee must not be charged by the officer of the hospital because he believes or ascertains from the patient that he can pay. It is much better under these circumstances to refuse treatment altogether, and leave the patient to consult whomsoever he pleases. It is better to lose a fee than to lay oneself open to the suspicion of abusing his position at the hospital.

In one case a family practitioner sent a lady and a child to a hospital with a letter addressed to one of the surgeons for an operation to be performed, as the lady was not able to pay as a private patient. She was seen by the surgeon, who demanded a guinea, and said his fee for the operation would be six guineas, and that she must see him again at his own house. The surgeon said he understood the case had been sent to him as a private patient, and that he could only be blamed for a misunderstanding, while the patient and the private practitioner accused him of trying to extort a fee from a hospital patient.

**Fees not to be charged for operations at hospital.**

Another case in which a complaint was made was that the surgeons use the house surgeon's time and the hospital chloroform, and so are able to undersell the general practitioner for small operations. A practitioner complained that he offered to operate for two guineas upon a child with adenoids; she was taken by her mother to a hospital surgeon, who said if she would go to the hospital in the afternoon he would charge her only a guinea!

There is no doubt that such practices are to be condemned.

**Demand for pay-wards and pay-hospitals.**

The modern hospital is so eminently successful in its results that its methods and organisation have been borrowed for the benefit of those classes which cannot claim the assistance of charitable institutions. But private hospitals and nursing homes are costly, and do not meet the requirements of the class which lies between the poor who go to the hospital and the well-to-do who can afford the expense of the nursing homes. It has been more than once proposed to extend the benefits of charitable hospitals to this class by the provision of separate paying wards, and at some London hospitals

such wards exist. But the problem has not been satisfactorily solved, for these hospitals merely provide accommodation and nursing at a somewhat lower rate than the private nursing homes, leaving the patients to make their own arrangements for medical or surgical treatment. A London hospital that attempted to make money out of the members of its staff by compelling them to attend patients in the paying ward as part of their hospital work naturally failed. It is questionable whether a hospital has the right to divert to the use of the middle class buildings and equipment provided by charitable donors for the benefit of the poor, or by this misuse of its funds to compete successfully with those who have invested their capital in nursing homes.

Perversion of funds intended for the poor.

It appears to be fair to demand that any departure of this kind should stand upon its own financial basis, and if it is desired to obtain any of the advantages of economic administration that may follow from a connection with existing charitable hospitals, the paying wards should be debited with a rent representing the market value of any land or buildings allotted to it and a proportional share of establishment charges. If this were done it may be doubted whether it would be possible to provide accommodation and nursing for the £1 10s. or £2 a week which have been quoted as the maximum payments this class could afford.

Financial basis.

Can cheap pay-wards succeed?

The next difficulty is to provide medical and surgical attendance. Obviously this could not be given gratuitously, as part of the duty of the members of the staff of the hospital, nor could this class of patient afford to pay the fees usually charged by the staff in private practice. A fixed scale of fees should be agreed upon between the governing body and the staff, but no member of the staff should be compelled to attend any patient in the paying wards. Subject to this condition patients could choose their own medical or surgical attendant.

Difficulty of staffing them.

It is most important that the staff should not work for salaries, as they would thereby lose their individual independence and be exploited for the benefit of the institution. In America complaints are made of the injury done to the profession by paying hospitals with salaried staffs, run on a commercial basis, and returning good dividends to their shareholders. One has been described as offering to subscribers paying an annual subscription of 12 dollars (£2 8s.) to provide medical or surgical attendance, with nursing, board, washing, and everything necessary during illness for 12 dollars (£2 8s.) a week. Such institutions are open to all classes. Each of the medical and surgical officers receives about £300 a year.

Staff not to work for salaries.

Another difficulty which is probably insuperable is that these

Liability to be abused.

paying wards would be used by people who could well afford to go to private hospitals and pay full fees. This would be indirectly kept in check by the rule by which no members of the staff would be obliged to attend any patient, so that if an unsuitable person were admitted the staff would have power to refuse treatment.

Advertising not permissible.

There must be no kind of advertising of the paying wards to the public, and all announcements in connection with them should be scrutinised carefully. The question, as we have seen, bristles with difficulties.

Bolingbroke Hospital only a "cottage" hospital.

The Bolingbroke Hospital in London is quoted by the Vicar of Battersea as a successful experiment, but it appears to be nothing more than a cottage hospital in London; that it is to say, it is a hospital where the patient is charged very moderate rates, the chief share of the expense being borne by the friendly societies of which the patients are members, and the medical or surgical attendance being afforded principally by club doctors, although, no doubt, in some cases by private practitioners. But the Bolingbroke Hospital only appears to be successful to the Vicar of Battersea because it is supplemented by numerous general and special hospitals in London where special skill can be obtained. The whole crux of the question lies in the provision of this special skill at a moderate cost.

Private nursing homes.

There are numerous private nursing homes owned for the most part by ladies who have had experience in nursing, but sometimes by medical practitioners, especially by surgeons and gynæcologists. Although there are advantages to the practitioner in having his patients in a home controlled by himself, and although there is no ground for suggesting that such places are maintained with any other object than the more efficient treatment of the patients, yet there must be a certain temptation to find cases for an establishment which must be run at a loss unless a fixed number of inmates can be secured, so that on the whole it is desirable that those who send patients to these homes should not at the same time be pecuniarily interested in them.

Birmingham Consultative Institute.

It is not my wish to re-open a controversy that ended so satisfactorily for the medical profession a few years ago respecting the attempt of certain persons to establish in Birmingham a so-called Medical and General Consultative Institute, which was to occupy a midway position between the hospital out-patient department and the specialist's consulting room, but a few words of explanation may be allowed. The scheme was brought forward by gentlemen who showed themselves unable to understand the organisation and training of the medical profession; they could not see that, although specialists may be glad to give their services to hospital patients

gratuitously, they cannot consistently with their own interests agree to see any person for half a guinea who may apply for advice at a so-called Institute, and yet expect to find patients willing to pay them double or quadruple this fee at their private addresses; nor could they perceive that, in default of these trained specialists, it was misleading the public to appoint an inexperienced practitioner and dub him a consultant; or, finally, that open advertising for practice was unfair competition with the rest of the profession, and could not be permitted on the plea that they were engaged in a philanthropic enterprise.

**Attitude of Birmingham consultants defended.**

All these difficulties were clearly pointed out to the promoters when the proposal was first mentioned, and at the meeting, presided over by the Lord Mayor of Birmingham, they were not only explained most fully, but an offer was made on behalf of the medical profession which would have effected all that the promoters professed to desire. Why that offer was not accepted will perhaps never be exactly known, but it was pointed out some time afterwards by me to one of the chief promoters that it was not a sufficient reason to allege that they thought it would not work satisfactorily, as if it had been tried for a time and had failed to answer expectations, the position of the promoters of the scheme would have been strengthened. That the offer was not illusory is shown by its having been carried out after the Consultative Institute had closed its doors to the satisfaction of the Ebenezer Provident Sick Society, one of the largest industrial organisations in Birmingham, which had been affiliated to the Consultative Institute,*

* BIRMINGHAM EBENEZER PROVIDENT SICK SOCIETY,
STEELHOUSE LANE, BIRMINGHAM.

MEMORANDUM.

*From* ALFRED MOLE,
*Secretary*,
16 Wretham Road, Handsworth,
Birmingham.

*Jan.* 16*th*, 1907.

*To* ROBERT SAUNDBY, Esq.

DEAR SIR,

I am very pleased to say I have heard nothing but praise from those I have sent to either of the consultants; the arrangement is, therefore, very satisfactory. The first member I sent to Dr. Eales told me that Dr. Eales said he did not know he had given his name to act, but he has attended cases since, so I presume it is all right. Kindly excuse delay, your letter being sent to Steelhouse Lane, was not brought home until Monday, and it is only this morning I have seen it.

I am, DEAR SIR,

Yours respectfully,

ALFRED MOLE.

and the consultants may fairly claim to have proved what they had always maintained, that the specialists of Birmingham are, and have been, willing to see working men, their wives, and families for half-guinea fees, and that the real difficulty with the promoters of the Institute was not over a question of fees, but on the proposed plan and working of the Institute.

**Real charge against Institute medical officer.**

It should also be placed on record that the complaint against the medical officer of the Institute was made solely under the terms of the warning notice issued by the General Medical Council in June 6th, 1899:—"That the Council strongly disapproves of medical practitioners associating themselves with medical aid associations which systematically practise canvassing and advertising for the purpose of procuring patients," and that the words "for a reduced fee" at the end of the charge against him were introduced by an official of the Council. The words should have been "at a fee of half a guinea," for it was material that the patients paid a substantial amount for treatment at the Institute, but not material whether the sum was less or more than the usual fee.

## INDUCTION OF PREMATURE LABOUR.

**Abortion generally a crime.**

By the laws of all civilised and Christian countries, the destruction of the living product of conception is punished as a crime, and public opinion condemns the practice as wrong-doing. Nevertheless, it is well known that medical practitioners more or less frequently undertake proceedings designed to have this effect, and the question is—Under what circumstances is it justifiable to relax the stricter dictates of law and morality upon this subject? There is reason to believe that some laxity exists in the principles of some members of the medical profession in regard to this question, and that the gravity of the subject is imperfectly appreciated by them. Danger to the health of the mother is held by some to justify interference; a rule which is capable of such a liberal interpretation that an inopportune pregnancy might always be interrupted upon this plea.

**When justified.**

**Consultation always desirable.**

Before inducing premature labour, the propriety of the proceeding should, whenever possible, be confirmed by a second opinion. It should be clearly recognised that such proceedings are only sanctioned in the presence of grave danger to the life of the mother; and where the fœtus is viable, the operation selected should be, wherever possible, one which may preserve both lives.

## LIFE INSURANCE.

Care needed to elicit correct information.

In filling up insurance reports care should be taken to obtain all essential information, and in that part of the form which the proposer has to sign the meaning of the questions should be explained and correct answers obtained if necessary by a little cross-exmination.

Wording of questions sometimes faulty.

These questions invariably include enquiries into past illnesses and accidents. Sometimes the form is—Have you ever met with any serious illness or accident, if so, when? This turns too much on the word "*serious*," so that it is better to ask the patient to mention any illness or accident for which he can remember having had to consult a doctor, and the medical examiner can judge whether it is worth recording.

Answers must be truthful.

In an action tried in Birmingham brought by the widow to recover the amount of a life insurance policy, the deceased had answered in the negative two questions which asked whether he had recently consulted a doctor, and whether he had ever met with an accident? As a fact he had consulted a doctor within a few weeks on account of a fall on his knee, for which he had made a claim under a policy for insurance against accidents, and had been paid compensation. The judge at the trial made light of the failure to disclose these facts, saying: "What is an accident? If we upset a teacup it is an accident"! and the jury, influenced by this language, found for the plaintiff, but the judge afterwards entered a verdict for the defendant on the ground that he was wrong to have left the jury to decide whether the accident that had happened was such an accident as should have been disclosed. The plaintiff appealed, but the appeal was dismissed without calling upon counsel for the company.

Medical examiner is sole judge of value of answers.

This result was satisfactory, as only a medical man can judge of the importance of previous illnesses or accidents, and therefore truthful replies form an essential basis of the contract.

Excessive questions.

Some companies ask a great many questions, and there is reason to fear that they do so in the hope of finding a loophole of escape in the case of an early death.

Insurance without medical examination.

Industrial insurance companies ask for no medical examination, but trust solely to the replies, which are often made by quite ignorant people, and it is said are filled up by the agent, who merely asks the proposer to sign. This is little better than swindling, as the companies are certain to refuse to pay in cases of early death, if any of the answers prove to be incorrect.

Insurance agents and medical examiners.

Insurance agents being paid by commission are chiefly anxious to complete the business, and do not like medical examiners who reject cases. An insurance agent asked a medical practitioner to arrange for the examination of one of his patients whose life was to be insured for a large sum of money. The doctor protested that it was no use bringing the patient to him, as he knew that he suffered from angina pectoris. The agent therefore took the man to another town and got him passed by a doctor who did not know him. A few months later the man died, and the company refused to pay. It would, however, have had to pay, and deserved to have to pay, being responsible for its agent, but escaped liability by setting up the plea that the sons who paid the premium had no insurable interest in their father's life. This plea is founded on a Statute passed in the time of William IV. to prevent crime by prohibiting any person to insure another person's life unless there is an insurable interest in it. Thus if a wife has an income which ceases at her death or reverts to her family, the husband may insure her life, as he would clearly be a loser by her death, but under other circumstances an insurance of a wife's life for the husband's benefit would probably be void. In the case just related the father was maintained by his sons, so that they stood to lose no money by his death.

Insurance agent connives at fraud.

Legal principle of "insurable interest."

Half-guinea fees for insurance reports.

Some insurance companies pay only half-guinea fees for examinations for policies under a certain amount. This is not fair, as the work to be done is the same in each case, and they do not pay at a higher rate than a guinea, however large the sum insured. The only justification would be that the companies cannot afford to pay more, but this is untrue, as life insurance companies are very prosperous, and the mutual companies are piling up accumulated funds that can never be divided. If the profession would refuse to take less than a guinea these companies would have to follow the example of the best, which invariably pay a guinea for each examination without reference to the amount.

Examiner asked to visit proposer.

Other companies or their agents try to get their examiners to visit the proposer instead of the proposer visiting the examiner. This is not satisfactory, as the proposer may decline to be examined, but the doctor cannot charge for his visit, and such visits are more in the interest of the agent than of the company, as the examination is made under less favourable conditions for securing an accurate and trustworthy report.

Enquiries respecting patients.

Medical practitioners should not answer enquiries addressed to them by insurance companies respecting a person who may have consulted them, without having obtained the patient's consent, which, if possible, should be in writing.

## *LOCUM TENENS.*

Obligation of substitute to principal.

It is the obvious duty of any one acting as a substitute for another person, whether paid or unpaid, to consider that person's interests as his own, and to take no advantage of his temporary position to that person's prejudice; therefore, when a medical practitioner is asked to see a patient during the absence of a colleague, he should do his best for the patient, but do nothing that will tend to injure his colleague's position, and he must absolutely refuse to supersede him, even though requested to do so.

Substitute's claim for fees.

He has a right to be paid for his services, but it is often neighbourly to forego the claim.

*Locum tenens* not to act to prejudice of his principal.

*A locum tenens* who is paid to take charge of a practice during the absence of the principal from any cause, should regard himself as under an honourable obligation not to take advantage of his position by subsequently starting in practice in the neighbourhood. He may quite reasonably be asked to give an undertaking in legal form to this effect before being engaged.

No right to retain fees.

A paid *locum tenens* has no right to any fees received by him while acting in that capacity, even though these may be for giving evidence in law courts, and other work not strictly in the ordinary routine of practice. But while he can claim no fees, he has, on the other hand, a right to be paid for his services, should such work involve detention after his time of service as *locum tenens* has expired.

Right to be paid for detention.

## MALPRACTICE.

Legal definition of due care and skill.

Suits for malpractice are happily very uncommon in this country. A great judge has declared the legal principle which is to be applied in such a case in the following words:—

"Every person who enters into a learned profession undertakes to bring to the exercise of it a reasonable degree of care and skill. He does not undertake, if he is a surgeon, to perform a cure, nor does he undertake to use the highest possible degree of skill; there may be persons who have higher education and greater advantages than he has, but he undertakes to bring a fair, reasonable, and competent degree of skill, and the question is whether the injury must be referred to the want of a proper degree of skill and care in the defendant or not."

American limitation.

In America the rule has been held to be that a physician and surgeon, when employed in his professional capacity, is required to

exercise that degree of knowledge, skill, and care which physicians and surgeons practising in similar localities ordinarily possess.

Gross carelessness, drunkenness, or wilful neglect.

Both these rulings make it difficult to establish a charge of malpractice except in the face of gross carelessness, drunkenness, or wilful neglect. One or two cases have occurred of patients being badly burnt by too hot water bottles being placed near them when under the influence of an anæsthetic; this is the sort of accident which may happen without any of the above faults, and might involve the payment of heavy damages.

Hospital surgeons held not liable for the neglect of a nurse.

Two surgeons at a London hospital were sued by a patient for negligence. Acting upon the instructions of the defendants, a nurse had placed the patient in a bath which turned out to be so hot that he was scalded and injured. In summing up, the judge said that it was no part of the defendants' duty to see that the bath was properly administered, and although hospital patients were not to be treated with negligence, medical gentlemen who gave their services gratuitously were not to be made liable for negligence for which they were not personally responsible.

## MARRIAGE.

May tender advice when invited.

Doctors are often consulted about the propriety of marriage, and have it in their power to give much useful advice if asked, even if it is not always accepted, or at least acted upon.

Sterilising the unfit.

I am not a convert to the doctrine of sterilising the unfit, for apart from the practical difficulty of determining unfitness, there is also the objection that the sterilised persons would be monsters from whom society would have everything to fear. But we may certainly do what we can when asked to prevent unsuitable persons from entering the married stage. I say when one's advice is asked, for nothing can be more impertinent or less likely to be received than such advice tendered officiously or unsolicited.

Conditions opposed to marriage.

There are certain well-defined conditions in which it is right to object to marriage:—

(1) When the married state and its contingencies would jeopardise the health, and perhaps the life, of the patient. For example, uncompensated organic heart disease, or greatly contracted female pelvis. In such cases death might be the consequence of the marital act or of pregnancy.

(2) Where the patient is suffering from a disease which is more or less likely to be transmitted to the spouse or the children. If the patient is suffering from an actually infectious disease, protest, the strongest possible, should be made against the marriage, but

where, as in the case of epilepsy or diabetes, there is no risk of infection, and some of the children may escape the transmission, it will be sufficient to advise against the marriage on the ground that some at least of the children would almost certainly inherit the disease.

(3) Where the patient is suffering from or liable to suffer from a disease which prevents the performance of social or marital duties. I saw recently a young woman belonging to the lower middle class who was engaged to be married to a young man employed as a clerk earning about £2 a week, and I was told he had no prospect of becoming better off. His wife would be obliged to do her own housework and look after her own children. The young woman's father had died of general paralysis of the insane, and she was profoundly neurasthenic, unable to stand any fatigue or excitement, spending one or two days each week in bed. There was no actual organic disease, and she was rather an attractive young person, but her mother was of opinion that she ought not to marry, and asked my advice. Under the circumstances, I agreed that she ought not to marry, because she could not hope to perform the duties of her position. Had the prospective husband been richer, I should have said that he ought to understand that she would be probably always more or less of an invalid, but I should not have said that the marriage ought not to take place.

(4) Where the patient's life is uninsurable and early death might interfere with the proper provision and care for the offspring of the marriage. The validity of this objection turns wholly on money; it would not hold good in the case of people of means.

**Epilepsy and marriage.**

Patients suffering from epilepsy or recurrent mania should not marry. No doubt many epileptics marry, but the risk of ultimate mental deterioration and dementia is so great that such marriages ought to be opposed. The reasons, however, against marriage in the case of recurrent mania are even greater, for while in epilepsy the change is sudden and may take years to develop, in the other within a few weeks or months, nay, the very excitement of marriage itself may turn an apparently reasonable being into a dangerous or homicidal lunatic, and suicide or murder be the result. Not the least shocking feature of some of these terrible tragedies is that the marriage has been in certain instances actually undertaken on medical advice given in the belief that it will tend to prevent a recurrence—a ghastly and most deplorable mistake. To counsel marriage in any nervous disease is wrong, because it is unfair to the other party to the transaction. It need not be forbidden or advised against in all cases; but it should never be recommended.

**Recurrent mania.**

## MASSEURS, MASSEUSES, ELECTRICIANS, AND RADIOGRAPHERS.

**Superficial training in massage.**

The utility of massage in suitable cases is not disputed, but when a woman, without previous training as a nurse, can go to a so-called "school" of massage, and at the end of three months obtain a certificate of proficiency, we may judge how fit some of them are to treat disease without medical supervision. Unfortunately, they attempt it, and many of them are charlatans who impose upon the public, while some, as the exposure of the massage houses in London a few years ago showed plainly, combine this modern development of medicine with the practice of what is, according to Kipling, "the most ancient profession in the world."

**Masseurs and masseuses as quacks.**

The pretensions of these persons, both male and female, to treat "spinal disease, paralysis, rheumatism, gout, nervous disease, neuralgia, obesity, constipation, asthma, face treatment," and a host of other conditions, increase, and are encouraged by the imprudence of some practitioners who recommend their patients to place themselves under their care!

**Vibro-massage.**

A correspondent sent to the *British Medical Journal* a typewritten letter received from the International Vibro-Massage Co., which claimed to be "commanding attention generally of the profession." Enclosed were illustrations of the appliances used and a list of over thirty diseases for which the treatment pretended to be beneficial, among which were "paralysis agitans" and "sterility"; this correspondent stated that even well-known physicians and surgeons sent their patients to this company for treatment!

**Unqualified radiographers supported by medical men—covering.**

In a letter published in *Medical Electrology and Radiology*, the radiographer to Guy's Hospital complained that an appointment made with him was cancelled, and the patient sent by his medical adviser, his own brother, to a lay person. This is a form of covering. Chemists undertake to treat such diseases as uterine cancer by the "vaginal X-ray tube"; small institutions for electrotherapeutics managed by laymen are springing up in many parts of London and in provincial cities, yet are to a considerable extent supported by medical men. It is quite true that these institutions require capital, which medical men are unwilling to furnish, and therefore there is some excuse for a lay proprietary; but the

**Suggested rules.**

rules which should be insisted on are (1) that all treatment must be carried out under medical supervision; (2) that preference and support should be given by doctors to establishments controlled by medical practitioners; (3) when this cannot be obtained, the

medical adviser of the patient should take the responsibility of the treatment, which must be given under his direction and control; and (4) support should be withheld from lay establishments which advertise directly and improperly to the public.

## MEDICAL OFFICERS OF HEALTH. PUBLIC VACCINATORS.

Relations between medical officials and their professional brethren.

It is highly desirable in the public interest that relations between Medical Officers of Health and their colleagues should be friendly, as the latter have it in their power to facilitate or obstruct the working of sanitary laws and bye-laws.

Medical Officers of Health.

Friction frequently arises from a Medical Officer of Health visiting a patient under the care of another practitioner without notice and expressing doubt or dissent with respect to the diagnosis before the patient or his friends, or ordering the patient to be removed to an infectious hospital. It should be borne in mind that a Medical Officer of Health has no right *ex officio* to enter any house and insist on seeing a patient, and that the removal of a patient requires a magistrate's order if done as an act of authority.

Public Vaccinators.

Public Vaccinators get into trouble by visiting the patients of other practitioners and by issuing circulars offering free vaccination. If in the face of an epidemic it is thought desirable to issue such notices, this should be done by the Local Authority and be signed by the Clerk to the Board.

Public Vaccinator not to interfere with the patients of other practitioners.

A Public Vaccinator who calls at a house to vaccinate a child should not allow himself to be consulted respecting the ailments of other members of the family under the care of the regular family attendant, nor should he take any advantage of his position to acquire the patients of other practitioners. Public Vaccinators are well paid for their special service, and should not abuse their position.

Medical officials would be better not to engage in general practice.

A great cause of friction is the fact that both Public Vaccinators and Medical Officers of Health are frequently engaged in general medical practice, and it is to be hoped that in time this will become less common, although in rural districts it may be impossible to change the present system.

It is necessary in the interests of the public health that there should be a good understanding between Medical Officers of Health and their medical neighbours.

M. O. H. to give notice of visit.

In order to promote this, it is desirable that Medical Officers of Health should visit patients under the care of other practitioners

only after giving due notice, so that the usual medical attendant may, if he wishes, be present; and they should be exceedingly careful not to say or do anything, in the presence of the patient, to cast doubt upon the diagnosis or treatment of the case.

Should not criticise diagnosis or treatment.

Sanitary inspectors and nurses.

The same rule should apply to inspectors or nurses sent by the Sanitary Authority. A Medical Officer of Health in charge of an isolation hospital, is not justified in authorising a nurse in charge to refuse admission to cases sent to the hospital by a duly qualified practitioner unless *she* is satisfied of the correctness of the diagnosis.

Practitioner not bound to supply grounds of his diagnosis.

The Medical Officer of Health or Sanitary Authority has no legal power to demand a statement of the symptoms upon which a diagnosis of a notifiable disease was based. The diagnosis of diphtheria is an admitted difficulty; mistakes must be made frequently, but medical practitioners resent being told that their diagnosis is wrong; the result of a bacteriological examination should be obtained before the practitioner commits himself to a positive opinion, although a prophylactic dose of serum may be administered at once as a harmless precautionary measure. Typhoid fever is another cause of friction, and here too, in cases of doubt, the blood can be sent for examination by the Widal test. Most Sanitary Authorities do, and all should, arrange for these examinations to be made without cost to the doctor or patient.

Bacteriological confirmation should be sought by practitioner.

M. O. H. not bound to accept practitioner's diagnosis.

On the other hand, a Medical Officer of Health is not bound in law or courtesy to accept the diagnosis on a certificate, and may with perfect propriety proceed to make or cause to be made a bacteriological examination, and the practitioner who refused to allow a Widal test to be made on the ground that his patient "could not stand the loss of blood," was needlessly obstructive or very ignorant.

M. O. H. should not ignore family practitioners.

A Medical Officer of Health issued a circular during an epidemic of scarlatina, in which he said, "The earliest symptoms are feverishness, sore throat, followed by a red rash. Such cases should always be notified to me by the parents or those in charge of the patient, even before a doctor is called in." This was much complained of by his colleagues, and is a good example of the excessive zeal by which some officials embitter their professional relations. Insisting on the removal of cases to an isolation hospital is another cause of ill-feeling, and, in certain cases, the Medical Officer of Health has exceeded his duty and acted illegally by insisting upon the removal of patients when circumstances afforded no justification for the step.

Should not insist on removing patients without due cause.

Must obtain consent of patient or friends, and should seek co-operation of family practitioner.

Apart from cases in Common Lodging Houses which come under Section 102 of the Public Health Act, 1875, when a magistrate's order may be obtained, medical officers of health are not empowered by law to examine persons supposed to be suffering from infectious disease, except with their consent, or the consent of those "having charge of them," and the Local Government Board recognises the desirability of securing the "co-operation of the medical practitioner in charge of the case where it is possible to do so without involving undue delay."

## MEDICAL OFFICERS OF ACCIDENT INSURANCE COMPANIES.
## MEDICAL REFEREES OF RAILWAY CASES.

Medical examiner should preserve courteous and friendly manner.

Medical practitioners, acting in either of the above capacities, are often asked to visit persons who have made claims, with a view to report upon the nature and extent of the alleged injuries. In some of these cases there may be a suspicion of fraud, and, much more commonly, there is exaggeration; nevertheless, the medical examiner should behave with the utmost courtesy, and should not appear to play the part of a detective. He should give notice of his visit, and request the presence of the patient's medical attendant. At the examination he should ask for and willingly accept any information tendered to him by the latter, and should ask him to point out any symptoms or signs upon which his opinion of the case is founded.

Should not visit claimant without notice.

Should seek the co-operation of the medical attendant, and obtain his statement of the case.

Should express no opinion in patient's hearing.

The examination should be made with proper consideration for the patient, who should be treated with the same courtesy as at an ordinary consultation, and no opinion should be expressed in the patient's presence, either as to his health or his honesty.

The medical examiner may make notes at the interview for the purpose of his report.

Settlement facilitated by a friendly manner.

Medical examiners should try to be as impartial as possible, and avoid the appearance of being hostile to the patient and his medical adviser. In the interests of both parties it is generally desirable that an amicable settlement should be reached, and this is undoubtedly facilitated by a good understanding between the doctors concerned.

## MEDICAL OFFICERS OF THE POOR LAW.

District Medical Officer's fees.

A District Medical Officer is appointed by the Guardians to attend upon such persons as may be referred to his care by the relieving officer of the district. He is entitled to receive extra fees for

special services, such as instrumental delivery, vaccination, treatment of fractures, and operations, but the Guardians may make a contract to cover all or part of these extras. For example, it is said that they have been compelled in many cases to refuse to pay for instrumental delivery because such a large proportion of the cases were returned as coming under this head, which was intended to cover only cases of unusual difficulty.

**Workhouse Medical Officer's duty to certify pauper lunatics.**

A Workhouse Medical Officer is appointed by order of the Local Government Board, and has medical charge of all the pauper inmates of the workhouse. He must certify as to the fitness for removal of any pauper about to be removed to an asylum, visit each quarter every pauper lunatic in his district not in an asylum, and give notice to the Relieving Officer of any such lunatic who ought to be sent to an asylum. He must certify for the detention of pauper lunatics in the workhouse.

A grave scandal occurred in Birmingham some years ago owing to the practice of paying the District Medical Officer special fees for visiting pauper lunatics. It was found that some of these officers were returning and charging for lunatics whom they had not visited, some of whom were dead or had left the district, and for this reason the Guardians took away the parish work from practitioners engaged in general practice and appointed salaried officers who give up their whole time to their duties. This is, on the whole, the better plan, but is only applicable to large towns.

**Parish Medical Officers in large towns.**

Parish Medical Officers in large towns were generally the less successful practitioners; they were badly paid, and the system by which they had to supply drugs out of their scanty allowance did not lead to the most satisfactory treatment. Economy, not efficiency, was the chief characteristic of Bumbledom, and although there has been a great improvement in the general arrangements for the care and treatment of paupers, these medical officers are still paid badly, and the work would be done better if they were relieved from the duty of supplying and dispensing the necessary medicines.

**Work is done for less than cost price.**

The abolition of the unqualified assistant has made it much more difficult to get cheap medical work, and must in the end make for efficiency. But men of respectable position should not give up their time to work which is so unremunerative, although, as in club or contract practice, the unfortunate element of the desire to obtain a certain amount of fixed income as an asset of value when a practice has to be sold, and also the desire to keep out a possible rival, makes some medical men undertake to work for less than fair payment.

Boards of Guardians sometimes endeavour to prevent their medical officers obtaining the slender pensions allowed under the Poor Law Medical Officers' Superannuation Act. When I was President of the Council of the British Medical Association the Pershore Board of Guardians endeavoured to do this by giving all their medical officers notice of dismissal and informing them that they would only be re-appointed if they contracted themselves out of the Act. I wrote to the Local Government Board about it, and I shall always remember gratefully the promptitude with which Mr. T. W. Russell, then Parliamentary Secretary to the Board, replied to me, sending me a copy of a letter he had written to the guardians which compelled them to withdraw their notices; as it was published in the *Poor Law Journal* it probably had the effect of checking any similar attempts in other districts.

Poor Law Medical Officers' pensions.

## MIDWIFERY, AND MIDWIVES.

It is competent for any duly qualified medical practitioner to give instruction in midwifery to medical students, or to midwives, but it is better that this training should be left in the charge of recognised institutions.

Any registered practitioner may teach midwifery.

It is alleged that, whereas the statistics of midwifery mortality in lying-in hospitals has shown a progressive diminution, the mortality in outside practice has not fallen and is unnecessarily high. It is contended that this is due to neglect of those strict aseptic precautions which have proved so successful in maternity hospitals, and that these institutions, formerly denounced by Sir James Simpson as hot-beds of disease, are now safer for poor women than their own homes. If this be true, there must be a failure in some quarters to realise a due sense of responsibility for employing every means conducive to the patient's safety.

An engagement to attend a midwifery case is binding on both sides unless due notice is given, and the fee is payable even if the practitioner is not present when the child is born, the reason being that the practitioner must keep himself free from other engagements, and not absent himself from home at or about the expected date. If he goes away on pleasure or business unconnected with his practice, and in that way misses the case, he cannot claim the fee, but he may provide a substitute, with the consent of the patient, if obliged by urgent affairs to leave his home.

Midwifery engagements.

A practitioner in poor-class practice was urgently summoned to a woman in labour, whose case had been undertaken by the midwifery department of a neighbouring hospital, but, in spite of repeated messages, no one had arrived from the hospital. While

Midwifery out-patient hospital practice.

he was there, but before the child was born, a student arrived, who admitted that he was to blame for the delay, and offered to pay the practitioner his modest fee of 5s. out of his own pocket, which he did. This did not seem inequitable, but the obstetric house physician or some other hospital authority wrote to reproach the practitioner for taking a fee in a "hospital case." He therefore submitted the case for opinion, and was told that he was under no obligation to attend the case gratuitously, and that there was no just ground of objection to his receiving payment for his services. It is probable that only a practitioner in poor circumstances would undertake that class of midwifery, and such a man could less easily afford to lose his time than the student his money.

Antiquity of midwives.

Midwives have existed from ancient times, and midwifery is probably the oldest department of medicine; but by recent legislation midwives have, for the first time in this country, been made an organised profession. The majority of the medical profession took up an impossible attitude towards the proposed registration

The Midwives' Act.

Act, the result being that the opportunity, which once was theirs, of taking a principal part in shaping the measure was lost, and for any defects in the Act the medical profession has them chiefly to blame. Under the influence of agitators who could not or would not see that legislation of some sort was inevitable, every proposal in the form of a bill was rejected and its authors accused of betraying the interests of the profession. Opinion in Birmingham was so divided that effective action of any kind was impossible. The Council of the British Medical Association persevered in its efforts to get certain objectionable features removed or modified, but not a single medical member of Parliament helped; and the profession owes what little was done to Mr. T. P. O'Connor, who secured the acceptance in committee of several useful amendments. That so much was done under these disadvantages suggests that if there had been united and reasonable action the Act might have been made much better, and the lesson learnt is to avoid an intemperate attitude on public questions. So long as the objects are reasonable doctors have quite enough influence to secure fair treatment, and their political power is by no means so small as some contend.

Legislation and administration.

The importance of legislation may be easily over-estimated; good laws may be badly administered, and their administration depends more on public opinion than on the words in the Statute Book.

French law good, but effect unsatisfactory.

The French law relating to midwives contains nearly every provision that is desirable of embodiment in ours, yet its effect is by no means satisfactory to the medical profession in France. No

woman in France can practice as a midwife without having passed an obstetric examination after a course of instruction extending over two years; she is forbidden to use instruments, is enjoined to call in the assistance of a doctor of medicine in difficult cases, and is not allowed to prescribe any medicine except ergot; yet, in spite of these stringent provisions, many women, especially in large towns, are said to engage in a good deal of illegal practice; they make gynæcological examinations, perform small surgical operations, apply dressings and treat diseases of children. The law, when put in force, punishes infractions by imposing fines which are too small to be deterrent. For example, the court at Lille was content to fine a midwife 200 francs (£8) and 50 francs (£2) damages upon her *third* conviction for illegal practice. This leniency is no doubt the consequence of public opinion being on the side of the midwife, and teaches us that much must not be expected from changes in the law if unaccompanied by equivalent changes in public sentiment.

Illegal medical practice by French midwives.

Midwives are useful helps to many country practitioners, who owe to their aid many a good night's rest. It is surprising that practitioners engaged in extensive poor-class practice do not keep them at a fixed salary to attend their cheaper midwifery. There is nothing illegal or unethical in doing so; the midwife is a legally recognised person, and so long as she is kept to midwifery she is doing her proper work; she might also make herself useful as a nurse and dispenser under supervision. It may be said that this is re-introducing the unqualified assistant with a change of sex, but the unqualified assistant was not altogether bad; if he had been kept to these duties there would have been no complaint against him, but he was provided with a tall hat and frock coat, dubbed "Doctor," set to visit and prescribe, and often managed a branch surgery!

Employment of midwives as assistants to country practitioners.

Abuse of the unqualified assistant.

Not a few unethical customs are said to prevail in connection with midwives and monthly nurses. There are certain arrangements by which a midwife or monthly nurse acts as a tout or jackal for a practitioner, sending for him in all cases of difficulty, even when the patient is usually attended by someone else, the consideration being that the midwife receives a proportion of the doctor's fee! Another custom in some districts is for the practitioner to pay the nurse a fee (usually 2s. 6d.) if the child is born before he arrives; this is said to lead to obstacles being placed in the way of the doctor being fetched in time, while those who resist the custom make enemies who have the power to do them harm. Some midwives or nurses have advertised from the regis-

Commissions to midwives and monthly nurses.

tered address of a medical practitioner, thus indirectly advertising him; advertising is not forbidden, as it ought to be, by any rules which have been published by the Midwives Board.

Control of midwives.

If the medical profession is united, as it may be by means of the organisation of the British Medical Association, it should be able to control the midwives in each district, and check conduct on their part which is detrimental to its interests. A serious effort should be made to stop all payment of commissions to or from nurses and midwives.

Advertising and canvassing by midwives and maternity institutions.

Complaints are made of certain large maternity institutions, officered mainly by midwives, which charge 5s. a case, and in some of the east end districts of London have obtained by advertising nearly the whole of the practice. No registered practitioner should associate himself or herself with midwives or institutions which advertise or canvass for practice; by this course it should be possible to stop unfair competition as medical assistance is indispensable. The competition of midwives must be severely felt by those medical men who have derived a large part of their incomes from cheap midwifery, but this cannot be helped, it is due to a change sanctioned by Parliament, and must be borne with patience. In the eighteenth century midwifery was largely in the hands of midwives; we have made a step backwards, although under improved conditions; the modern midwife is better than Mrs. Gamp, and if she is not so good as she might be, it rests with those who administer the Act to see that she improves.

## MILITARY MEDICAL SERVICES.

Improved status and pay of Army medical officers.

The position of medical practitioners in the Army has been greatly improved of late years in regard to pay and other substantial matters, but in some respects this is still unsatisfactory. This is in part the fault of the medical officers themselves, but mainly the consequence of the conditions of the Service.

Unsatisfactory position as regards messes and military clubs.

So long as army surgeons were regimental officers no complaints were heard of their social position, but since the formation of the Medical Staff there have been endless complaints; on the one hand, the medical officers say their position is that of outsiders who are treated as "non-combatants," and excluded from the honorary membership of regimental messes and from the Service clubs, while, on the other hand, complaints are made against them of incompetence, carelessness, harshness of manner, excessive readiness to take offence, so that, with or without reason, the medical officers as a class are not popular in the Army.

All the advantages gained, the formation of the Royal Army Medical Corps, substantive rank and military titles, the complete control of the Army Hospital Corps, have not restored them to the position of the old regimental days. There may be personal defects, but these are thrown into relief by the isolated position occupied by the medical officer.

Substantive rank and military titles.

It cannot be asserted with truth that the Army medical officers of fifty years ago were a more highly educated body of men, or that they possessed, when they entered the army, superior social advantages to the modern medical practitioner; but when a raw young man joined the army he had over him a mentor in the shape of a surgeon-major, who made him cut his hair and wear a respectable tie, gave him good advice, and helped to make him a gentleman. It is true he was always "the doctor," but he was not ashamed of the position, and accepted it as a fact which was no more to be disguised in the Army than in civil life; moreover, the regiment was a little world in which he was able from his position to do many acts of kindness to his brother officers and to earn their gratitude and respect, while he knew and took a friendly interest in the rank and file, and might be depended upon to do his best for them. Wherever, as in the Indian Medical Service, the regimental system has persisted these pleasant relations still exist, and it is much to be hoped that it will some day be found possible to restore the essential portions of it in our own Army. The difficulty is that our regiments at home are mere skeleton battalions, composed of individuals who are constantly moved about to suit the exigencies of the Empire. The Army medical officer at home leads an isolated life; outside great military camps like Aldershot he enjoys no comradeship with the officers of his own corps, and sees little of those belonging to other departments, his relations with them being too often the reverse of friendly. He has too little to do, and occupies his time in looking out for small slights, which he resents unduly. For example, a board was formed at one of our stations to enquire into some trifling matter; on this board a medical lieutenant-colonel had a seat; among the members of the board was a subaltern, who addressed the medical officer as "doctor," for which he was called upon to make a formal apology. He had to do it, as he was technically wrong, but the matter was much talked of, and, as may be imagined, it did not add to the popularity of the medical officer concerned or of his profession. Many tales of incompetence, carelessness, and harshness on the part of Army medical officers have come under my notice, and for which I fear

The Army doctor as he used to be.

And as he is now.

Causes of unpopularity of medical officers.

there is some foundation. For some years, in fact up to quite recent times, the medical service in the Army was so unpopular that there was no competition for it, and the result may be easily imagined. This has now been altered, and it may be hoped that those now joining will do their best to improve the service, not only by making it more efficient, but by striving to improve the relations between medical officers and the rest of the Army.

The Medical officer in the Navy.

In the Navy a better state of things exists, owing undoubtedly to the fact that the position of the surgeon in a man-of-war is much the same as that of a medical officer in a regiment under the old system. It cannot be said that there is great competition for medical commissions in the Navy, or that those who secure them possess more than average professional attainments; and, further, it must be admitted that in certain respects the junior branches of the service have grievances, yet there are no serious complaints either by or of the medical officers. One of the greatest grievances in both Army and Navy is the restriction put upon the publication of papers on medical or surgical matters by officers in both services. When I was President of the Council of the British Medical Association, I was anxious that the Stewart Prize, for the encouragement of the study of infectious diseases, should go to an officer of the Navy, and I asked the Director-General if he could suggest the name of an officer who had done meritorious work in this subject. He gave me the name of a gentleman who, he said, had written a valuable paper on Scurvy, but when I asked for a reference to the place in which it had been published, I was told that it was in a pigeon-hole at the Admiralty, where so far as I know, this paper, alleged to be valuable, remains unpublished to this day!

Restrictions on publication of scientific papers.

In the farewell address given by Surg.-General Maclean to his class at Netley, he made the following statement:—

"As another opportunity may not offer, I embrace the present one to give, not an apology, but an explanation, which is quite a different thing, in reply to a writer in a professional journal who censured the professors generally, and if I rightly understand him, the professors of surgery and medicine in particular, for withholding from the profession the clinical experience gained in this hospital.

"Speaking on this matter entirely for myself, I must explain that in the early days of my professorship I began to publish from time to time some of the lectures delivered by me here; my object being, so far as I could, to keep in touch, as it were, with old friends

and pupils who had left the school for duty in the service, and it was my fixed purpose to continue this practice from time to time as interesting material for lessons in military medicine turned up. An untoward event happened which, rightly or wrongly I do not say, defeated this intention. An epidemic of yellow fever broke out in an important station in the yellow fever zone, attended with a lamentable mortality. A graphic narrative of this outbreak and all the circumstances preceding and attending it was published in the following year by the principal medical officer who had been hurriedly sent to the scene of the epidemic. This was published in the Official Department Blue Book.

"In this outbreak 14 officers out of 30, nearly 50 per cent., died, four out of six medical officers, one of whom had just left this school, lost their lives, and out of 290 men attacked 107 died. That this lamentable loss of life which took place between the 5th and 15th September, 1864, was due to causes distinctly preventible has never been disputed by any competent authority. This epidemic, as it was my duty to show in this lecture room, did not come upon its victims without giving ample notice of its approach and time for providing for the safety of the troops. Warning of the coming danger was given by competent medical authority, which warning was neglected until the day of grace was past.

"Here was an opportunity of teaching an impressive lesson in military medicine by an example. Accordingly, I made the narrative the text, as it were, of a lecture, which after delivering it here I published. I did not invent the facts; I took them as I found them in a published official document; I only pointed the moral of a tale told by another, an eye-witness. I do not pretend that the commentary was flattering to those concerned, but it did not go beyond what the case demanded, if any lesson was to be taught from the facts.

"No sooner did this lecture appear than a great storm arose and burst on my head. So far as I was able to gather, the local authorities did not dispute the facts; they were angry at the publicity given to them. General Peel, then Secretary for War, was appealed to by those who felt themselves aggrieved; mostly, I believe, the municipal authorities of the place. My lecture, by the War Minister's desire, was submitted to his inspection. The judgment of this high authority, to whom alone I was responsible, was that he had no fault to find with it. At the same time, with a view, I persume, to prevent similar disturbances and complaints in the time to come, the Secretary for War was pleased to direct that in future all lectures delivered here should be submitted to

him before publication. From that time to the present no lectures delivered in the Army Medical School by any of the professors have been published, with the exception of merely formal addresses delivered at the opening of the session, and then only for private circulation.

"I wish it to be distinctly understood that I have never in word or thought called in question the absolute right of the Secretary for War to issue such an order. That goes without saying. But, speaking in this matter entirely for myself, it operated as a check upon me, for I am so constituted that I cannot publish under a censorship, however mild, judicious, or even generous.

"But although for this reason unable to publish the lessons delivered here, it is for you and those who have gone before you to say whether or not I have withheld from you the instruction I have myself acquired in the magnificent field of medical observation this hospital has afforded me."

This is a real grievance, which in itself is sufficient to deter any man of scientific mind from entering the military service of his country, and it is safe to say that rules which hinder the publication of professional papers by military medical officers are injurious to the service, are opposed to the interests of the public, and favour the persistence of conditions adverse to the lives and health of our soldiers and sailors. I am glad, therefore, to add that the present Director-General informs me that such restrictions no longer exist in the Royal Army Medical Corps, which possesses an admirable monthly journal, *The Journal of the Royal Army Medical Corps*, edited by Col. David Bruce, C.B., F.R.S., now in its eighth volume.

## NEW REMEDIES.

**Use of new drugs must be justified by circumstances.**

The application of new methods of treatment to patients is an experiment to which we have no right to subject them without due cause. The general reason for such experiments is the impossibility of progress without the trial of new suggestions; but the particular grounds upon which we must base the use of a novel remedy, in a given case, are that the patient is suffering from a condition which has not been, or cannot be, relieved by the usual means, that there is reasonable prospect of the new remedy affording relief, and that it is harmless.

## NOTIFICATION OF DISEASE.

Medical practitioners only to promote public health.

It is the duty of medical practitioners as citizens to assist cordially in carrying out the provisions of the Public Health Acts, and there is no reason to doubt that this duty is generally fulfilled.

By notification of disease.

The notification of disease is of great assistance in supplying the authorities with the necessary information to enable them to take preventive measures to check the spread of epidemics, and indirectly of service to the patients themselves.

Notification indirectly effective.

For the five years from 1885 to 1889 I had under my care in the General Hospital 21 cases of typhoid fever, of which five died, giving the high mortality of 23·8 per cent. From 1890 to 1894 I had 79 cases, with six deaths, a mortality of 7·6 per cent. About ten years ago I was looking over my cases, and, struck by the change, I sought an explanation in the reports of the Medical Officer of Health, thinking that the general mortality rates for typhoid fever in the town might explain the difference at the hospital. I began with the latest report and worked backwards, calculating the mortality percentage from the cases notified and the deaths shown in the registrar's returns. But in the report for 1889 I could find no list of cases notified, and on further investigation it appeared that the Town Council had adopted the notification clauses at the end of that year. It may have been a coincidence, but it is in favour of the view that notification led to earlier diagnosis and brought the cases sooner under hospital treatment, that whereas from 1885 to 1889 the average day of admission was the 18th, from 1890 to 1894 it was the 14th.

Bacteriological examination should be made.

In the case of a disease like diphtheria, which is of such uncertain diagnosis that only in a small minority of cases do the naked eye appearances present any characteristic features, it is right that the authorities should ask for a bacteriological examination in each case notified, but it is not necessary to wait for the pathological report before taking any precautionary measures, such as a serum injection, which may be considered necessary. It may be prudent to tell the parents or friends of the patient that the diagnosis is not certain, but that the treatment is not injurious, and to be effective must be employed at an early stage of the disease. It is impossible to avoid mistakes, but these are of no serious importance if they are on the safe side.

Consultant is liable to notify disease.

Every practitioner who has seen a case of notifiable disease, even in consultation or as a substitute, is responsible for its notification, and may be held liable for failure on the part of the practitioner in charge of the case.

**Verification of diagnosis by M. O. H.**

In smallpox epidemics it unfortunately happens that there is frequently an epidemic of chicken-pox going on at the same time, which causes mistakes in both directions. It is, therefore, not unreasonable for the authorities to require cases of chicken-pox to be notified too; or even to ask to be allowed to send a medical expert to verify the diagnosis. But the Medical Officer of Health has no right to visit, or send anyone else to visit, cases under the care of other practitioners without permission, and the conduct of these officials has in some cases been open to exception.

**M. O. H. has no right to visit patients without asking leave.**

**Improper conduct of M. O. H.**

A complaint was made that a Medical Officer of Health called at a house in a good part of London, went up to the lady's bedroom accompanied by a medical friend and by his clerk, turned down the bed clothes, examined the rash, expressed his concurrence in the diagnosis of chicken-pox, advised the patient to be vaccinated, and then walked off!

**Letter of Local Government Board on the subject.**

Complaints having been made to the Local Government Board of such proceedings as this, the Board addressed a letter to the Borough Council of Hammersmith (Oct. 22nd, 1904), from which the following is an extract:—

"It must be remembered that a personal examination can only be made with the consent of the patient, or of those having charge of the patient, and it is desirable that the medical practitioner in charge of the case should always be communicated with, and that his co-operation should be secured where it is possible to do so without involving undue delay. The Board would point out the importance of exercising tact and discretion where a reconsideration of the diagnosis upon which the notification of the case had been based may be involved. The Board request that the Borough Council will be good enough to communicate these views to the Medical Officer of Health."

**Sanitary Authority cannot insist on knowing grounds for diagnosis.**

A Sanitary Authority has no legal ground to demand a statement of the symptoms upon which a medical practitioner relied in notifying a case under the Act, but it is well that private practitioners and others should, when treated courteously, assist the Sanitary Authority in every way.

**Removal of cases to infectious hospital.**

Notification of disease must not be made to work disadvantageously to the general practitioner. A Medical Officer of Health has no legal right to remove a notified case of infectious disease except in the case of an inmate of a common lodging-house, to an infectious hospital without a magistrate's order, unless with the patient's or his friends' consent, nor should he obtain this consent by threatening a magistrate's order when the patient is under proper medical care; nor should he, in like circumstances, take

over the treatment of the case except under the rules elsewhere laid down regulating Supersession.

Decision of court respecting obligation on magistrate to issue order of removal.

According to the decision of Justices Day and Lawrance in Warwick *v.* Graham, the removal of a patient suffering from an infectious disease may be certified for by the Medical Officer of Health, and the justice must give the order even if the case is properly cared for and in a private house occupied only by that family, should it be the opinion of the Medical Officer of Health that he cannot be sufficiently isolated to prevent danger of infection to other inmates. But a private practitioner, although bound to notify the case, is not bound to certify to insufficient accommodation, or at least he runs no risk of penalty for omitting to do so.

Private practitioners not bound to certify to insufficient accommodation.

Runs some risk by doing so.

On the other hand, medical practitioners run a certain risk of action involving a claim for damages by certifying for removal, and had better leave the duty to the Medical Officer of Health. The Statutory protection is only given to an "Officer of the Authority" or other person acting under the direction "of such Authority." An action has been brought against a medical practitioner for sending a case of supposed scarlatina to an infectious hospital, where the diagnosis proved to be wrong, the patient subsequently taking the disease from infection acquired in the hospital, and heavy damages were recovered. In another case an action was brought for simple notification which prevented the patient, a clerk, from following his usual occupation, but it failed, as the judge thought there was no proof of negligence. It may often happen that an alleged outbreak of scarlatina involves serious pecuniary results, as to a milkman or a dressmaker, when the Sanitary Authority may interfere to stop the business; in such a case an error in diagnosis might give ground for an action, the result of which would be uncertain, as it would depend upon the view taken by the judge of the evidence of gross negligence.

Notification law in Germany.

Notification in Germany is a much more stringent obligation than it is in this country, as default, even when not wilful, may be punished under Article 327 of the Penal Code, by imprisonment not exceeding three years. That this is not an idle threat is shown by a case which occurred in 1904. A medical practitioner at Albendorf, a small place in Silesia, to which a number of pilgrims annually resort, failed to recognise two cases of smallpox, and consequently did not notify them. On their return home the pilgrims carried the disease with them, and 65 cases followed, of which six died. The Albendorf practitioner was prosecuted under Article 327 of the Penal Code, the prosecution demanding that he should

Stringent penalties.

be condemned to six months' imprisonment. The defendant pleaded that smallpox being practically unknown in Germany, he had no opportunity of studying the disease, and that he considered one case to be chicken-pox and the other bullous erysipelas. The Court, while rejecting this defence, refused to convict under Article 327, but convicted him of a breach of another law, which requires the notification of all suspicious cases, and fined him 150 marks (£7 10s.).

## NURSES.

**Medical and surgical practice by nurses.**

Much that has been said about midwives applies to nurses; there is a tendency for nurses to become an inferior order of medical practitioner, especially when employed by charitable organisations to visit and help the poor by dressing wounds and ulcers. It is disagreeable to condemn anything done from purely philanthropic motives, but this is clearly only a nurse's business under medical direction. The public is apt to exaggerate the knowledge possessed by nurses, who may perhaps be forgiven for not discouraging the belief in their powers. A "Nurse" advertises in the *Daily Graphic* that she undertakes cases of "ulcerated leg (doctor's prescription)," and promises "speedy and sure cure"; it is not quite clear what is meant by "doctor's prescription," but, taken with the promise of speedy and sure cure, it suggests that she believes, or wishes others to believe, that she is in possession of some infallible prescription picked up from a doctor—a pretty good indication of the extent of her surgical attainments. Another, in the same paper, offers to treat "rheumatism, lumbago, sciatica, and insomnia" apparently by massage. Such "Nurses" are, of course, simply quacks, and we should abstain from giving them encouragement.

## OBLIGATION TO ATTEND WHEN SUMMONED.

**Obligation of medical practitioners to render aid to the sick.**

A medical practitioner undoubtedly accepts certain obligations inherent to his profession. He cannot, if he would, divest himself of his professional character, and must, if called upon, render medical or surgical assistance to a person suddenly taken ill. For example, a medical man on a holiday in a Swiss or Highland hotel, may be asked, in the absence of any resident practitioner, to see a sick person; to refuse on the ground that he is holiday making, and not at the time practising, would be a dereliction of professional duty; he may refuse the fee, but he is bound to do what he can to relieve the patient's sufferings. On the other hand,

a medical man practising in a city, where there are many others to take his place, can please himself. Obviously he might go to a regular patient, but decline an emergency call to an unknown person. Coroners' juries and other persons sometimes unjustly censure an over-worked practitioner who declines to go out at night when called by persons who have no claim upon him, and perhaps neither the means nor the intention of paying him. Public opinion is shocked at the inhumanity of the doctor who has allowed a child to die without seeing it, but is it the doctor's fault? No doubt it is sad that any person should die for want of medical attention, but the *onus* should not rest upon the shoulders of the worst-paid and hardest-worked part of a poorly-paid profession.

May decline an emergency call.

Scheme wanted to provide payment for emergency calls.

This question is one that deserves attention, as its present position is admittedly unsatisfactory, not only from the point of view of the medical profession, but of the public.

In Paris doctors who are willing to undertake this work inscribe their names in a list kept at the police office of each district, and are then liable to be called upon by any person provided with an order from the police office, which is kept always open, and to which applicants in need of medical assistance can go. The doctors are paid out of funds provided partly by charity and partly from public money, like the poor boxes at our police courts.

Paris scheme suggested.

It is said that it is the custom among a certain class of people to postpone getting medical assistance for their children until the last moment, and then only for a death certificate to save the annoyance of an inquest; it would be quite proper in such circumstances to refuse to certify on the ground of insufficient knowledge of the cause of death.

Practitioner summoned to provide death certificate.

Another aspect of these emergency calls is that in the case of sudden illness or accident more than one messenger, authorised or not, may proceed to summon medical aid, and two or more medical men find themselves called to the same case. Although the patient is prepared to pay, he wants only one doctor, and the others must submit to their unrequited journey with such philosophy as they may possess.

Several doctors called where one is needed.

Even where none of these things happen, it is often trying for a man who thinks he has finished his work, and is resting or retiring to bed, to be summoned to a patient who might have made up his mind that he would like to see his doctor some hours earlier, or could postpone it to the next day without serious results. It is true that late at night people often become more nervous, and it may be sometimes excusable, but it is trying for

Unnecessary calls at night.

the doctor, and patients might often show him more consideration. A medical man was knocked up lately in this way by a patient who said he was on his way home from his club and looked in to consult him; when told that it was not the doctor's time for consultation, he coolly said that he "did not know doctors had any fixed time for their work." In the opinion of some patients, a doctor must neither eat nor sleep like other men, but be at their beck and call, not only in emergencies and on serious occasions, but whenever they please!

Thoughtlessness of patients.

## OPTICIANS AND EYESIGHT TESTING.

Opticians as eyesight quacks.

Of late years the great army of quacks or pretenders to medical and surgical knowledge has been re-inforced by the action of a part of the body of tradesmen dealing in spectacles, who advertise themselves as "Eyesight Specialists" or "Optologists," and claim to be able to treat all errors of refraction. These claims have been fostered by the granting of diplomas by the Spectacle Makers' Company, and by a body calling itself the British Optical Association. These documents are conferred after examination in optics and other subjects. Attention having been drawn to the advertisements of these opticians, a letter was addressed by Sir William Hart-Dyke, the Master of the Spectacle Makers' Company, to the editor of the *British Medical Journal*, in which he wrote:—"I therefore wish to state most emphatically that the examination does not include sight-testing," and he appended a copy of the conditions on which the diploma was granted, of which No. 7 runs as follows:—"That he will not publish any advertisement unfair to fellow craftsmen or misleading to the public, and especially will not use or advertise this diploma in any way which leads the public to infer that it conveys medical qualifications"; and No. 8: "That he will not use any drug for the purpose of paralysing the accommodation of the eye." Subsequently to the publication of this letter a correspondent drew attention to the advertisement of an optician who appended to his name the letters F.S.M.C. (Fellow Spectacle Makers' Co.), and advertised himself as an "expert refractionist," who "has a system of his own whereby he can not only discover the exact defects of each eye, but is able to determine the exact lens to give in each individual case." This instance of an advertisement which is undoubtedly "misleading to the public" was brought to the notice of the authorities of the Spectacle Makers' Company, but Sir William Hart-Dyke was no longer the Master, and the company refused to take action. The other body, calling itself the

Spectacle Makers' Company and its diplomas.

Company unwilling to enforce its rules.

British Optical Association: Its claims.

British Optical Association, is more aggressive, for it not only holds examinations for eyesight-testing, but seeks to organise opticians as a profession of expert "optologists," as they call themselves. The optical trade journals have published a number of articles advocating incorporation, and asserting the claims of opticians to be considered competent to deal with all refraction cases, incidentally falling foul of the British Medical Association for its opposition to these pretensions. As errors of refraction cannot be properly corrected without the use of some mydriatic drug like atropine, and as this would be unsafe in the hands of non-medical persons, which is admitted by the most ardent supporters of their claims, the opticians are in this dilemma: that either they cannot properly correct refraction, or they must use drugs, which they admit to be unsafe in their hands.

Medical practitioners covering opticians.

The main ethical point so far as general practitioners are concerned is that some of these opticians ask medical aid to instil atropine into the eyes of their customers, for which assistance they offer payment. This amounts to covering, and is otherwise objectionable as being rendered to a class whose advertisements are often most improper, as has been admitted by the *British Optical Journal*, which says: "We regretfully admit that there has been a good deal of the wanton exaggeration complained of"; while the *Optician* speaks of "semi-medical advertising" and "newspaper announcements of some worthy members of the craft which lend themselves to adverse interpretation"!

Objectionable advertising admitted.

The *Standard* newspaper and the British Medical Association.

The *Standard* newspaper has made itself the mouthpiece of the opticians, and charges the British Medical Association with proposing to forbid any optician to supply spectacles except upon a medical prescription—a most absurd and wholly baseless charge.

Medical practitioners as examiners for sight-testing diplomas.

The other ethical point is that no medical practitioner should take any part in the examinations of any non-medical body which confers diplomas in sight-testing. Declarations adverse to these examinations have been made by the Royal College of Physicians, the Royal College of Surgeons, the Ophthalmological Society, and the British Medical Association, and the former medical examiner to the Spectacle Makers' Company resigned his position when the company decided to include sight-testing in the examination. At its session in May, 1906, the General Medical Council adopted an address to the Lord President of the Council, advising that the Bill promoted by the Spectacle Makers' Company and the Charter asked for by the British Optical Association to provide for the examination and registration of opticians, and to give those so qualified

Act of Parliament and Charter refused.

a monopoly of the title of "optician," should not be allowed. It is satisfactory to be able to add that ultimately the Bill was withdrawn and the Charter refused.

## PARTNERSHIPS.

**Partnerships advantageous.**

Many of the troubles of general medical practice would be diminished or would disappear if partnerships were more general, and the alleged difficulties of doing so point to a defect in our training. Is it the absence of subordination during student life which is responsible for the newly-fledged medical graduate being so often deficient in order, punctuality, and method, the so-called "business habits" which are essential to the smooth working of a partnership? We hear complaints that such an one "is a good fellow and does his work well, but won't keep any account of the visits he pays," or that another is always out of the way in the evening, and leaves his partner to take an unfair share of the emergency calls. Great are the advantages to be gained by a partnership that works smoothly. First, there is always someone to see cases, avoiding the risk of patients going elsewhere during illness, unavoidable absences and detentions; secondly, each partner gets a holiday without anxiety or expense for a substitute; thirdly, the selling value of the practice is secure on retirement or death; fourthly, a partnership not only retains, but increases the practice, and gets such a hold of the neighbourhood as to constitute a monopoly limited only by the working capacity of its units, who may be increased numerically, each being in a far stronger position than his independent but disunited opponents. If partnerships were more generally formed and maintained we should hear less of undue competition, of the overcrowded state of the profession, of quarrels over patients or clubs, and of families left in poverty by death; but more might be heard of the difficulties of starting in practice.

## PATENT FOODS.

**Caution in using patent or proprietary foods.**

Care should be taken in using or encouraging the use of patent or proprietary foods; it should be a fundamental rule, before recommending or sanctioning them, to acquire some general knowledge of their composition, and evidence that their claim to be wholesome and serviceable is well-founded. It may be said that this is asking every man to be an analytical chemist, but there is no need for more chemical knowledge than most medical men

possess. Many of the patent foods are palpably not what they pretend to be. A fluid meat, which on boiling in a test tube shows only a very small quantity of albumen, can hardly be the powerful stimulant and concentrated nutriment it is sold for; it is, in fact, merely albumen water flavoured with a little meat extract, and very dear at the price. Diabetic foods sold as free from starch can be shown to blacken on the addition of a drop of tincture of iodine, and the more elaborately misleading statements which admit the presence of starch, but claim that it is not convertible into sugar owing to some mysterious change which it has undergone, can be easily shown to be false by chewing the food in the mouth so as to mix it with saliva, before testing it with Fehling's solution. No one should be unable to perform these simple tests who has had a modern medical education, and to omit them when so much depends upon the results is inexcusable.

Their worthlessness exposed by simple tests.

## PATENT MEDICINES.

It is a grave breach of professional propriety for a medical practitioner to take any part in the manufacture or sale of a proprietary medicine, or to have his name in any way associated with it. Moreover, medical men should be cautious how they lend themselves to the puffing of these articles. Not long ago the proprietors of a proprietary medicine offered a prize for the best essay on its uses, and there is no doubt the prize essay would have been used as an advertisement. The proprietors of a particular brand of quinine asked a pharmacologist to report upon it, but he quite properly refused, as it had no special therapeutic properties, but was merely good quinine. One of our weekly newspapers recently contained a signed article on the treatment of appendicitis, which had all the appearance of being a puff of a popular mineral water, and had probably been paid for.

Medical practitioners not to be interested in their sale.

Not to lend their names to puffing them.

At the German Scientific and Medical Congress held in 1900, Prof. His proposed that (1) professional opinions should be regarded as confidential; (2) that new remedies should not be advertised in the lay press; (3) that even in the medical press the wording of medical testimonials should be most guarded; (4) that references to drugs in medical journals should not be used for purposes of advertisement in lay newspapers; (5) that no remuneration should be asked or accepted for these opinions; and (6) that physicians giving these testimonials should be responsible for the text. These are very excellent proposals, but it does not seem easy in Germany to get them carried out.

German proposals for preventing puffing.

Medical names not to be used in their advertisements.

In this country we try, with considerable success, to prevent our own countrymen from giving these testimonials, consequently the advertisements generally contain the names of German or American professors. An advertisement of Kutnow's powder contained a testimonial from a gentleman styled "Professor of Chemistry, University College." As there was no professor of the name at University College, the attention of the manager of Kutnow's powder was drawn to the fact; he explained that by an oversight the word "Buffalo" had been omitted! In several instances I have found that the names of persons given as signatories of testimonials do not exist, and perhaps have never existed. Thus there is a certain advertisement containing a testimonial signed by a Surgeon-Major A.M.S. (Army Medical Staff); this title for the Army Medical Department was in use for only a few years, and during that time there was no surgeon-major of that name in the Army List. The rule of the Central Ethical Committee is to write to any registered practitioner whose name is used in a trade advertisement, pointing out the objection to the practice, and asking him to obtain its withdrawal; this is usually agreed to. If he takes no notice, his licensing body is informed, which generally brings him to a better frame of mind. Where names appear persistently, the probability is that they are either fictitious or are those of persons who are dead or cannot be traced. They probably do just as well, as the public wants to be deceived and will accept any statement made in an advertisement. The success of quack advertisement is such a crowning proof of human imbecility that every self-respecting man and woman should do his or her best to oppose its influence and expose the false pretences and fraudulent practices which are an essential part of the system.

False names employed by advertisers.

Preventive measures of Central Ethical Committee of the British Medical Association.

## PATENTING SURGICAL INSTRUMENTS.

Instruments, &c., should not be advertised in name of practitioner.

It is not desirable that medical practitioners should be interested in the sale of surgical instruments, or allow instruments, apparatus, appliances, dressings, or drugs to be advertised in their names.

It may be impossible to prevent an instrument being called after its inventor, and the practice has some convenience.

## PATIENTS.

Patients are not personal property.

Patients are not any man's property; they cannot be bought or sold. Although the goodwill of a practice is a transferable asset, we must distinguish between the value of the introduction and the freedom of the patient to accept the person introduced.

The relation of medical adviser and patient, however long continued, does not impair the right of the patient to consult another practitioner or to break off the relation altogether at pleasure. It is inexcusable to show resentment to the patient or to the person selected by the patient, and it is absurd to complain of unprofessional conduct or breach of medical etiquette in his undertaking the attendance.

Patient may select his medical attendant.

This seems obvious enough, but there is a widely prevalent notion that no one should take another practitioner's patient, which is dealt with more fully under the relations of medical practitioners to one another; it is only mentioned here because it is pertinent to the rule that the patient has absolute freedom of choice of medical attendant, and that any attempt to set up the barrier of medical etiquette to such freedom is illegitimate. This is not merely a speculative difficulty, but is a real one in some small towns where the local medical men will not take over a patient whom they regard as belonging to a colleague, even when that colleague is known to be unsatisfactory, and strong complaints are made by patients of this state of things. This is an abuse which makes those who suffer from it rather bitter, and accounts for the hard things sometimes said of medical etiquette.

Practitioners at liberty to attend if chosen.

Abuse of rule forbidding interference with other men's patients.

While the right of a patient to dismiss his medical attendant and choose another is unquestionable, he must treat the first in a proper manner, and his choice of the second is subject to some necessary limitations. In the first place, the dismissal should be courteous, but also formal and definite, if the practitioner is actually in attendance, and is best effected by a note informing him that his services are no longer required; the patient should also ask to be furnished with an account of the fees due and settle the debt at once. In France no practitioner is allowed to supersede another until he has satisfied himself that his predecessor has been paid; there is much to be said for the rule, as patients have been known to change their medical attendant for no better reason than that they owe him a long bill, and so find fault with him on some pretext, send for another doctor, and decline to pay. As many practitioners believe that it injures them to sue for their fees, such fraudulent proceedings succeed better than they deserve to do.

Patient may dismiss medical attendant.

With respect to the second point, the patient cannot choose for his medical attendant anyone who has seen him in consultation with his late adviser, or has acted in the case as the *locum tenens* or substitute for the latter.

Limitation of his choice of successor.

May not choose a *locum tenens* as successor.

A difficult dispute occurred lately where a county magnate, whose daughter was attended by a practitioner A. from a city five miles away, thought he would like to have the local doctor B., as on the whole more convenient, and very unwisely considered he would pave the way for the change by first asking that B. should be allowed to act as *locum tenens* in charge of the case during the absence of A. on his summer holiday. On the return of A. he found himself dismissed in favour of his *locum tenens*, but the latter refused to accept the position, and a lengthy correspondence ensued between the parties. Finally B.'s reluctance was overcome, and he was persuaded to take charge of the case, as the girl was very ill, and the father absolutely refused to have back A. This led to a complaint of unethical conduct, and it was impossible to approve of the behaviour of B., although his position was a difficult one. He ought to have said, "I will come whenever you want me, but I must consider myself as acting as the substitute for Dr. A., as I cannot take the case for my own." He should have explained the position to A., and have said he should treat any fees he might receive as on his behalf and to be shared with him. Had he done this, A. might have given up the case, but at least would have had no just ground for complaint.

Patient entitled to consultant's prescription.

If a patient goes to a consultant, whether sent by his regular medical adviser or not, he is entitled to have the prescription and the directions as to regimen, mode of life, and other matters connected with his case upon which the consultant has expressed an opinion. Sometimes the prescription is withheld from him on the ground that if he gets it he will have it made up by a chemist and deprive his medical attendant of his fees, but this is not a good reason, as he has paid for the prescription and is entitled to it. If he does not wish to continue to employ his medical attendant, he ought not to be constrained to do so by having his property illegally withheld from him.

Dispensing practitioner not bound to supply a prescription.

If a patient consults a practitioner who dispenses his own drugs, the practitioner is not compelled to give him a prescription, but the patient may refuse to accept treatment on other terms and decline to pay the fee. A practitioner is not bound to give a patient a copy of the prescription for a remedy dispensed by himself which has proved serviceable, as he merely contracted to supply the remedy, but it is usual to do so for a fee if the patient or the doctor is leaving the district, or when for other reasons the attendance cannot be continued.

German law on repeating medicines by chemist.

In Germany a chemist is not allowed to dispense a prescription a second time without a repeat order signed by the physician.

This is a protection against the abuse of opium and its derivatives and a source of gain to the physician, but in Germany the fees are low, and English patients are so much accustomed to regard a prescription as property, and to consider themselves as able to judge of the conditions in which the remedy may be used, that there is small probability of Parliament sanctioning an alteration of the law in this direction. Such a proposal would also have to face the opposition of the chemists, who are not without political influence.

**Patients should not advertise thanks for medical services.**

Patients or their friends should not return thanks for the services of their medical advisers by letters or advertisements in the newspapers, as by so doing they expose the medical man named in them to the suspicion of being a party to the puff.

**Conduct of medical practioner in such a case.**

The widow of a late dignitary of the Established Church of England took this ill-advised way of expressing the gratitude of herself and her family for the devotion shown by his medical attendant, and not long after two other cases occurred. In one the doctors mentioned asked what they should do; they were advised to write to the editor of the newspaper to ask him to insert a letter signed "The doctors mentioned in the advertisement," to say that the advertisement of the lady who recently thanked her medical advisers in his columns was published without their knowledge or consent, and that they wish to make this disclaimer, as it was calculated to prejudice them in the eyes of their professional brethren.

**Influence of women.**

The greatest proportion of medical practice among adults is with women; they are the doctor's best friends, and may be his bitterest enemies. They may make his fortune by their praise, and in family practice their disapproval spells ruin. It is possible that female influences account for the existence of weaknesses among doctors which are especially those of that sex. They are brought of necessity much into relation with women; they are trusted by and with women to an extraordinary degree, and upon them rests the obligation to do nothing unworthy of that trust. That, on the whole, the medical profession fulfils its duty in this respect is universally admitted; in fact, it is taken for granted and is thought no more creditable than that bankers should not be thieves. The analogy would be complete if sovereigns and bank-notes sometimes walked of themselves into bankers' pockets and had to be turned out. The race of Potiphar's wife is not extinct.

**Blackmail by women.**

All medical men are exposed to the chance of being blackmailed, and for this reason it is desirable to pursue a uniformly circumspect course of conduct with female patients, avoiding pro-

longed private interviews, and declining to allow doors to be bolted or blinds to be drawn down.

A physician whose handsome person and agreeable manners made him a favourite with women was accused by a certain "princesse" of attempting to take liberties, and retorted by bringing an action for slander. He was able to prove that his door was not fastened, and that a servant who had been with him many years had a general instruction that whenever a lady had been with him twenty minutes she was to come to the door and say that another patient was waiting! He obtained a well-deserved verdict, as the slander was started to avoid paying him a considerable sum owing for fees, the lady, like some others of her class, particularly objecting to pay doctors' bills.

**Women who will not pay fees.**

Another great lady was the terror of London consultants, as she never paid, but if asked to do so became the mortal enemy of the poor doctor, abusing him whenever she heard his name mentioned, but without saying anything which gave him ground for legal redress, while a successful action would probably have done him more harm than her abuse, as all her friends would have rallied to her assistance and joined her in trying to injure him.

The only cautions I can give are to avoid as far as possible examining women, especially unmarried girls, except in the presence of a third person, and to preserve such a character that, if accused, the presumption will be in favour of the doctor.

**Experiments on patients with new remedies.**

Among the varied charges made against the profession is the accusation that experiments are made upon patients. It has been well said that all treatment is of the nature of experiment, for no two cases are precisely alike, or there may be present in any given case conditions which cannot be recognised. But the meaning of the accusation is, of course, more than this; it is that a remedy is tried for the sake of gaining personal knowledge and not for the patient's benefit; and it is implied that by so doing a varying amount of risk is incurred, which may delay recovery by postponing the use of a remedy known to be effectual.

**Limitations.**

If any experiment is rightly open to this charge, it should not be undertaken except with the patient's knowledge and consent. When we read that a physician has tried a new drug in so many hundreds of cases, or a surgeon has performed a certain novel operation a great many times in a short period, there is reason to fear that there has been more professional zeal than consideration for their patients' welfare, unless indeed the disease is one which could not have been treated satisfactorily by recognised means. Experiments should only be undertaken when no reliable remedy is known. No

doubt this limitation makes the trial of new remedies a slow process, and does not favour the accumulation of material for papers, but it is not right to ignore it.

Unwillingness to use new remedies.

Some say that the medical profession is too conservative in its attitude towards novelties, such as the treatment of disease by hypnotic suggestion, X-rays, radium, high-frequency currents, or mechanical vibration and percussion, but what are these but experiments with agents of which little is known and which are by no means invariably harmless? Moreover, their effects are difficult to analyse, as they impress by their strangeness, and, as is well known, patients often assert that they are better after trying a new remedy, although the benefit is really imaginary and soon passes off. How seldom it is found that their promise is fulfilled! The wonderful cures are somehow not repeated, and in a short time little is heard of the miraculous means which were to revolutionise our art. I think, therefore, there is much to be said for this conservative attitude, and, on the whole, find that the best practitioners—I mean those who are generally regarded as wise and skilful in their profession—do not run hastily after new remedies. I believe the profession in this country generally is slow to take up novelties. This may be due to the inherent conservatism of the English race, but it is an advantage to patients, and, if I may be allowed to express an opinion after being a diligent student of the medical press for thirty years, it is my belief that therapeutic progress is attained in this country not less surely than elsewhere, and that as practitioners of the art of medicine and surgery we have nothing to yield to those of any other nation. I would instance the abuse of the stomach tube which was so excessive in Germany a few years ago, the over-frequency of operations for appendicitis in the United States, and of gastro-enterostomy in Italy and France, as examples which we have avoided.

Conservative attitude of profession justified.

Deluge of new drugs.

As to new drugs, their number is overwhelming, and no man can attempt to try a tenth part of those which enterprising and persistent commercial travellers recommend. The comforting fact is that most of them are superfluous, if not useless, and no one has a right to expect experiments to be made with new remedies when patients can be cured by those already in use. If such are lacking, every well-considered suggestion should be entertained. There should be no exclusiveness about knowledge; if a quack discovers a new remedy or an improved method of using an old one, it ought to be tried. There is ample evidence that this has been the practice of the medical profession—*e.g.*, Dover's powders, St. John Long's liniment, and Blaud's pill. Dover was a Bristol pirate before he

Exclusiveness condemned.

was a quack. St. John Long was a portrait painter, and Blaud was a French nostrum vendor. Something has been learnt from each of them, and if an open mind is kept useful hints may be obtained from half-forgotten household medicine. Liebreich got the idea of lanolin from the German farmers, who make an ointment from the fleeces of lambs. Many useful remedies have been derived from folk medicine and other unorthodox sources. Cinchona bark was derived from the Indians of South America. The value of bromide of potassium was discovered by Sir Charles Locock by accident. It was a new drug, and he was trying it on many cases; amongst them he gave it to a case of epilepsy, for which at the time there was no satisfactory remedy. But it was Niemeyer who taught how to use it effectually, and he learnt the lesson from a quack. Let me quote the story as he tells it:—

Example of Niemeyer.

"My experience of the efficacy of bromide of potash in epilepsy has been greatly increased of late, and I can now speak much more decidedly upon the subject than two years ago, when preparing the seventh edition of this work. The following circumstance induced me to use the remedy in as many cases as possible, and to watch the results. I heard that two cases of inveterate epilepsy that I had for years treated without benefit had been completely cured by a so-called specialist, whose advertisements were to be found in the columns of almost every newspaper. I investigated the subject more closely, and found that in one patient, whose governess had for years kept an accurate journal, and whom I had not lost sight of, the attacks had been absent for several months, and that the general health, which had been much impaired, was decidedly better. This 'specialist' refused the petitions of numerous patients of limited means to moderate the high price of his medicine, or to give a prescription for it, so I had a bottle of it analysed by my colleague, Hoppe-Seyler. The analysis showed that the blue mixture consisted of a solution of bromide of potash ($1\frac{1}{2}$ drachms to 6 ounces) coloured with indigo. Both patients had taken the remedy in considerable doses. At first only two tablespoonsful were given daily, but after ten days four, and after ten days more six, spoonsful; after that the dose was increased more slowly, being gradually raised to ten, fifteen, and twenty tablespoonsful. So it appeared that in this case, as in most others where secret remedies prove useful, it was not the remedy, but the mode of using it, that was the secret; and I thought it probable that the contradictory assertions about the action of bromide of potash were greatly due to the fact that different observers had not given it with equal perse-

verance and in equal doses. I determined to imitate the treatment of the specialist where practicable, and induced other practitioners to do the same, and I became convinced that thus used, in large doses for a long time, although it will not cure all cases of epilepsy, it will in many cases relieve the attacks for a considerable period, and in some will even remove advanced impairment of the physical functions. Neither in my own practice nor in that of others have I of late seen a case where the intervals between the attacks did not grow longer. Even patients who had previously received no benefit from bromide of potash began to improve when the dose was raised to eight or ten tablespoonsful of the above solution daily."

## *POST-MORTEM* EXAMINATIONS AND CORONERS' INQUESTS.

Desirability of regular *post-mortem* examinations in public institutions.

It is most desirable that *post-mortem* examinations should be made in every case of death in a public institution, not only because of the important educational influence of clearing up in all cases the cause of death, but because it is a safeguard to the public.

A *post-mortem* examination should be formal.

A *post-mortem* examination in a hospital is a formal public proceeding, of which due notice should be given, and to which others, including members of the staff and students of the hospital, should have access; by those examinations any mistake in diagnosis or treatment is exposed, and the work of the institution is maintained at the highest level. No member of the hospital staff should have the power to prevent a *post-mortem* examination being made or to postpone it to such a time that students and others cannot conveniently attend.

Reasons for *post-mortem* examinations in private practice.

In private practice examinations are occasionally made to satisfy the medical attendants or the friends, or where the circumstances of the case have been unusual; but, as a rule, they are made at the instance of the coroner.

Coroner's cases.

All sudden deaths, or deaths from violence, must in England be reported to the coroner, who has the power to direct that an examination of the body shall be made, and to hold an inquest into the cause of death.

Making *post-mortem* examinations for coroner.

As a rule, the coroner gives the precept to the medical practitioner who has reported the death, but in some cases he rightly chooses to place it in the hands of an independent person. When this is done for due reason, as, for example, where the medical practitioner reporting the case is a rival and neighbour of the

medical man in attendance, and may be animated by unfriendly motives in reporting the death, we should all agree that the coroner should place the examination in the hands of an independent person.

Need in some cases for independent examination.

Cases in which professional rival has given unfair evidence.

I remember such a case many years ago. A woman died who had been attended by the unqualified assistant of a practitioner: at that time such assistants were common and had not been forbidden by the General Medical Council. A neighbouring practitioner reported to the coroner that the woman had died in consequence of unskilful treatment; yet the coroner gave the precept to the man who made this accusation. I was asked by the practitioner whose assistant was accused to be present at the examination of the body, and a colleague of large obstetric experience was there to represent the accuser. We, who I suppose might be considered experts, soon agreed that the examination showed nothing to justify the charge of want of skill: yet at the inquest the accuser repeated the charge, and added that the absence of structural injury did not show that the woman had been properly treated! The coroner took no notice of this spiteful suggestion, and the jury brought in a verdict of death from natural causes.

An even worse case than this took place about the same time, which, unfortunately, led to more serious results.

A medical practitioner reported a case of death under the care of a neighbour and rival, and swore at the inquest that at the examination of the body he had found certain conditions which led the jury to return a verdict of manslaughter against the unfortunate man.

As no one else had been present at the *post-mortem* examination, permission was obtained from the coroner to re-examine the body, and I was asked to do it. It is almost incredible that not a single organ had been removed, although the medical witness had sworn to their condition in detail. He had contented himself with opening the cavities of the trunk, and had incised the organs which were visible, without removing them; he could not have seen the kidneys, and he had not discovered that the woman was suffering from advanced mitral stenosis, which sufficiently accounted for her death. Fortunately for this medical witness, the Grand Jury at Warwick threw out the bill, so that the case did not go to trial.

Coroner's work must be done thoroughly.

It is hardly necessary to say that a *post-mortem* examination for a coroner should be made thoroughly. Certain practitioners having found what seems to be the cause of death in one of the cavities of the body do not consider themselves obliged to open the others; but this is not right, and, in consequence, some coroners print

on their orders: "A *post-mortem* examination of the body, including the viscera of the head, chest, and abdomen."

Employment of expert by Metropolitan coroner.

A good deal of heart-burning at present exists in London on account of the action of one of the Metropolitan coroners who gives four-fifths of the *post-mortem* examinations to a so-called "expert," and ignores the practitioners who have been in attendance upon the cases, not even calling them to testify to what they know. This is not a question of ethics except in so far as the conduct of the man himself is concerned in supporting the coroner against the just claims of the general body of practitioners.

Should "experts" accept coroner's work at the usual rate of payment?

It cannot be said that there is anything ethically wrong in any medical practitioner accepting a coroner's precept; in fact, it is doubtful whether he can legally refuse to do so, but the fee of a guinea seems too little to pay a pathological expert if special skill is required. No doubt many practitioners who have had experience in pathology have been willing from time to time to assist the coroner in special cases, but these demands have been so rare that no one has thought much about it; yet, on general principles, it would seem right that where special skill is required a special fee should be paid.

*Post-mortem* examinations for Insurance Companies.

Occasionally *post-mortem* examinations are required in connection with claims under insurance policies. It is of capital importance to remember that in such enquiries both sides must be represented, or, if the case comes to trial, doubts may be thrown on the alleged results of the examination.

A representative of both sides should be present.

Such a case came under my observation in the arbitration of a claim made against the Railway Passengers Insurance Company. The insured person had met with a slight injury to his knee at tennis, which had laid him up for a few days, and had been duly reported to and certified by the company's medical officer, who had sanctioned the claim. In due course the patient resumed his work, but two days later returned to his bed and died of pleurisy. A *post-mortem* examination was made by a hospital pathologist in the presence of the deceased's medical attendant and another local practitioner, but no representative of the company was asked to be present. A claim was made for the full amount payable at death, and the theory put forward was that the pleurisy was caused by embolic infarction of the lung, starting from a phlebitis in the leg, due to the injury.

The notes of the *post-mortem* examination supplied to the company showed no examination of the veins of the legs, nor did the description of the lung correspond to the presence of infarction. Before the arbitrator, the pathologist stated that the appearances in

the lung, in his opinion, warranted the belief that the pleurisy was due to infarction, but he had to admit that he had not examined the veins of the leg. This somewhat lame evidence was greatly weakened by the fact that no representative of the company had been asked to be present, and in the end the arbitrator rejected the claim entirely.

No criminal or civil penalty for performing a *post mortem* examination.

*The Legality of Post-mortem Examinations.*—The question is sometimes asked with some anxiety whether there is any criminal or civil penalty attached to the performance of a *post-mortem* examination? It has been declared on the highest legal authority that there is no property in a corpse, and no risk is incurred. This matter is of so much importance that the opinion of Mr. Justice Kay may be quoted :—

Mr. Justice Kay's judgment.

*Law Reports, 1881-82 (Chancery Division. Williams* v. *Williams*).—Mr. Justice Kay, in giving judgment, said :—"I do not delay giving judgment, as from the time when I learnt the facts of the case my opinion upon it has not been altered. Several legal points have been raised, of which I have not felt a moment's doubt, and which I will dispose of in the first instance. It is quite clearly the law of this country that there can be no property in the dead body of a human being. That was declared to be the law in the case of Reg. *v.* Sharpe (1), and, as the decision is useful for other reasons, I will refer to the case more at length. It was an indictment for unlawfully digging up and taking the body of a deceased person out of a grave. The person having the keys of the ground was induced to admit the defendant into the ground and to the grave by reason of the pretext that he intended to bury his father there. . . . The jury found that this was only a pretext, and that his real intention was from the beginning to remove his mother's corpse ; that he acted throughout without the intention of disrespect to anyone, being actuated by motives of affection towards his mother, and of religious duty. Mr. Justice Erle delivered the judgment of the court, which consisted besides of Pollock, C.B., Willes J., Bramwell B., and Watson B., in these words." His lordship then read the judgment, in which Erle J., after stating the facts, said (2), "Neither authority nor principle could justify the position that the wrongful removal of a corpse was no misdemeanour if the motive for the act deserved approbation. A purpose of anatomical science would fall within that category. Neither does our law recognise the right of any one child to the corpse of its parent, as claimed by the defendant. Our law recognises no property in a corpse, and the protection of the grave at common law as contradistinguished from ecclesiastical protection to

consecrated ground depends upon this form of indictment; and there is no authority for saying that relationship will justify the taking a corpse away from the grave where it has been buried. We have been unwilling to affirm the conviction on account of our respect for the motives of the defendant, but we have felt it our duty to do so rather than lay down a rule which might lessen the only protection the law affords in respect of the burials of dissenters. The result is that the conviction will stand, and the judge states that the sentence should be a nominal fine of one shilling." That judgment entirely justifies the statement that the law of this country recognises no property in a corpse.

## PRACTICES: PURCHASE AND SALE OF.

Buying and selling practices permitted by law and ethics.

The purchase or sale of medical practices is legal in this country, but is forbidden by the London College of Physicians to its Fellows and Members. It is illegal in Bavaria, and uncommon on the Continent generally. Undoubtedly it is necessary in buying a practice to bear in mind the warning *Caveat Emptor*, for it is not possible to raise a complaint of unprofessional conduct against the vendor because the purchaser finds he has made a bad bargain, unless there has been fraudulent misrepresentation. The General Medical Council considered the case of a vendor who was found in a court of law to have made up a practice for sale by undue bookings, but held that the facts were not proved to its satisfaction.

Fraudulent misrepresentation required to upset contract of sale.

Negotiator to purchase should not break off and start in opposition.

A complaint was received not long ago from a would-be seller that a man came to him as a probable purchaser, received an introduction to his patients, learned all about his practice, and then, having broken off negotiations on the price, set up in opposition to him. This shows the need of caution, but could be prevented by a preliminary agreement like that used for assistants.

Negotiations, if broken off by vendor, would not debar purchaser from right to start in opposition.

Another complaint was the converse of this. A gentleman who had a good many friends in a residential city was desirous of settling there, and was encouraged to join a well-established firm with a view to a partnership. After working with them for some months they terminated the arrangement, and complained of him for unprofessional conduct because he remained and practised. In so doing he was within his rights.

Death vacancy.

An introduction to a practice may be purchased from the widow or representative of a deceased practitioner; but it is questionable whether it is right to accept introductions to patients who have passed into the care of other medical practitioners.

Covenants not to practise.

On selling a practice it is usual for the vendor to sign a covenant not to practise under penalty within a certain radius. This is just,

and should be strictly kept in letter and spirit. It is not right for the vendor to settle just outside the radius and see patients at his residence from his old district, even if not forbidden by the letter of the bond.

**Book debts.**

The purchaser generally buys the book debts at a valuation. If he does not do so, the seller may cause great offence and injure the practice by taking legal proceedings to recover the moneys due to him.

**Case books.**

The case books of a practice need not, and perhaps should not, be transferred, as they must contain much information obtained under the seal of professional secrecy, but a list of patients must be given, and all necessary information supplied concerning them.

## PREGNANCY IN UNMARRIED WOMEN.

**Concealment of pregnancy.**

Doctors are sometimes consulted in delicate cases where it is desired to conceal a pregnancy, and the parties concerned, in their anxiety, do not consider whether they put practitioners in a false or unpleasant or even illegal position.

**Medical practitioners should not consent to aid except by silence.**

Their duty is clear. They owe to the patient absolute secrecy, but should not allow themselves to be made the agents for any misrepresentations. It is no part of their duty to register the child under a false name or to have anything to do with getting rid of it. A medical friend once told me a romantic but shocking story which illustrated the undesirability of too much concealment. The child was born in Italy and put into a foundling home, but acting in accordance with the advice of the British Consul he had it registered with the proper names, and took careful precautions for its future identification. After some years the mother married, and wished to recover her child; this was easily done owing to the precautions taken by the doctor, although at the time the mother's advisers were only anxious to get rid of the child, desired a false name to be used, and no connecting link to be preserved.

An eminent gynæcologist was asked to take a young lady into his Surgical Home as a case of ovarian tumour in order that the child might be born there, but he properly refused to be a party to the plan.

## PROGNOSIS.

**Prognosis should be sincere.**

So far as knowledge permits, prognosis should be truthful, and should, so far as may be, accord with the opinions formed; but it is permissible to diminish the gravity of the case to a patient who is

seriously ill, or to speak with perfect hopefulness in order to encourage a patient who may be suffering from a troublesome, though not a dangerous, affection.

Reticence to patient may be right.

As a rule, there is little difficulty in saying no more than is expedient, for patients do not often press questions importunately; but where a patient insists upon knowing the truth he should be told.

Patient's family to be told the truth.

In all cases of serious illness the patient's family should be told the truth. On the other hand, ethically nothing can be worse than to wilfully exaggerate the gravity of the patient's condition. This is universally the trick of the quack, who seeks, by frightening his patient, to get him more completely in his power. One would not like to believe that any member of the regular profession lends himself to such practices, but everyone probably knows individuals who consistently take a pessimistic view of the patients who consult them; their sore throats are always diphtheria, while anæmias and dyspepsias are the early stages of phthisis!

Wilful exaggeration of condition denounced.

The pessimist.

The optimist.

A physician, now many years gone to his account, told a younger colleague that he made it a rule never to give an unfavourable prognosis, justifying this practice as a piece of worldly wisdom, in proof of which he related the following story:—He had seen a patient in a grave condition, but, true to his usual practice, he gave a hopeful account to the anxious wife; the patient died shortly after the physician left the house, in fact sooner than might have been expected, so that for once he seemed to have made a blunder. A few weeks later, a lady in deep mourning was shown into his consulting-room whom he recognised as the widow of his whilom patient. Somewhat shamefacedly he began to express his regret for not having given a better forecast of the event, but the lady interrupted him by saying, "Oh, Doctor! do not say that, you were the only one who gave me a shred of comfort"!

Such judicious optimism, however successful, cannot be defended as morally right, and, it is to be hoped, may not find imitators.

## QUACKS.

Difficulty of successful prosecution.

Medical practitioners who are innocent of law and unversed in the intricacies of legal procedure are often indignant that quackery should go unpunished and that the laws protecting the medical profession, such as they are, should be so frequently broken with impunity. The experience of those who with the utmost goodwill have desired to enforce these laws has shown that the difficulties are great, and when, with much expenditure of time and trouble, they are surmounted, the results are unsatisfactory, as the penalties

Quacks supported by public opinion.

imposed, even where a conviction is obtained, are not sufficiently heavy to act as a deterrent. So long as the quack is supported by public opinion he is practically master of the situation, whatever the law may be, and, therefore, I attach less importance than some of my friends to proposed legislative reforms. In France the law is all that could be wished; it penalises the practice of medicine by unqualified persons; it expressly forbids pharmacists and midwives to prescribe drugs, and conversely forbids doctors to dispense medicines except under special circumstances; yet we find that the medical profession in France complains as much as we do of unqualified competition from chemists, midwives, and quacks of all sorts. That the law can be enforced the following story shows:—It is the rule in France that the internes, who correspond to our hospital residents, should not take their degrees until their time of hospital residence is over, although this may last from four to five years, and they have passed not only all their qualifying examinations, but a severe competition for the appointment. Some few years ago one of these gentlemen acted as *locum tenens* for a country doctor during the vacation, but the police, getting to know that he possessed no diploma, prosecuted him, and he was fined some hundreds of francs. There is another French story telling how the police visited a supposed quack and demanded his diploma. Begging the Commissary to keep his secret, he produced an authentic diploma proving him to be a doctor of medicine of the University of Paris, but he insisted that if it were known his clients would no longer believe in him! Whether true or not, the moral is obvious, that in France, as in England, the quack is believed to be an inspired healer, while qualified practitioners are regarded as purblind pedants following superannuated professional traditions.

Even French law is inoperative against public support.

Quacks preferred to qualified practitioners.

Quackery rampant in Germany.

In Germany the quack is rife, but, as in England, the law permits the practice of medicine and surgery to everyone, only prohibiting misleading and fraudulent assumptions of title. The law in Germany was formerly stricter, but has been recently altered so as expressly to declare the practice of medicine and surgery to be free. The growth of quackery in Germany has increased so much with the progressive prosperity of the country and the development of great manufacturing centres that a society for the suppression of quackery has been founded, which aims at reform by educating public opinion.

Stringent proposals for its suppression.

Some of the proposals in Germany are of the most drastic character. The President of the Senate of the State Insurance Committee, which is an important body, would compel every prac-

titioner, regular or irregular, to keep a book containing records of the persons treated, the illnesses from which they have suffered, the prescriptions given for their relief, and the duration of their attendance; but although this proposal is approved by several of the German medical journals, it would lay an unnecessary burden upon the great body of general practitioners, and would add intolerably to the restrictions, already stringent enough, under which the legitimate practitioner earns his daily bread.

Lay press and quack advertisements.

The medical profession has grave ground of complaint against the press for the kind of advertisements which they accept. The following advertisement appeared in the *Star* and *Sunday Chronicle* by a Prof. Adkin, who advertises what he calls "Vitaopathic" treatment:—"Some people have declared that my powers are of God; they call me a Divine Healer, a man of mysterious power. This is not so; I cure because I understand Nature, because I use the subtle force of nature to build up the system and restore health; but, at the same time, I believe that the Creator would not have given me the opportunity to make the discoveries I have made or the ability to develop them if He had not intended that I should use them for the good of humanity. I therefore feel that it is my duty to give the benefit of the science I practise to all who are suffering. I want you to tell your readers that they can write to me in the strictest confidence if they are troubled with any kind of disease, and I will thoroughly diagnose their case absolutely free of charge and explain by a simple guaranteed home treatment how a complete cure should be effected. I care not how serious their cases nor how hopeless they may seem; I want them to write to me and let me make them well. I feel that this is my life work." The advertisement further states that some 8,000 men and women have been cured by the powers of Prof. Adkin.

"Some were blind, some were lame, some were deaf, some were paralytics, scarcely able to move so great was their infirmity. Others were afflicted with Bright's disease, heart disease, consumption, and other so-called incurable diseases. In all cases Prof. Adkin treats he guarantees a cure." Do the proprietors of the newspapers believe that these statements are true? The services of the Professor are offered free. Do the proprietors as men of business think this offer genuine? Column advertisements must be paid for by someone; the money comes from those who read them.

Quacks give grave meaning to simple symptoms.

Another common advertisement is that of certain backache kidney pills, in which I find the following misleading statement:—"Fill a glass bottle with urine and let it stand for twenty-four

hours; if there is then a brickdust or thick white sediment in the urine your kidneys are diseased." Such a statement is, of course, grossly inaccurate, for neither a brickdust sediment (urates) nor a thick white sediment (phosphates) indicates diseased kidneys, but the white sediment or phosphates is, as we know, frequently associated with pain in the back and depression, a condition in which the patient is particularly liable to be impressed by misstatements like these and to worry himself unnecessarily in the belief that he is suffering from serious organic disease. There seems something peculiarly odious in newspapers lending themselves to the victimisation of the large class of nervous persons who are impressed and frightened by such advertisements. I should be sorry to think there was no remedy for this evil business. It is the boast of the British newspaper press that it exists for the spread of enlightenment among the people. I would appeal to those responsible for the appearance of these advertisements to look into the matter, and see whether their publication is compatible with the claims of an honest and enlightened press.

Newspapers share the infamy of misleading nervous people.

In a recent trial it has been laid down by the Lord Chief Justice that a quack is a person practising medicine without a diploma, in other words, is what we should call an unqualified person; but the word is generally used to imply false pretences on the part of any one whether qualified or unqualified. The term is applied by the profession to a qualified practitioner if he holds out what are considered to be undue hopes of cure, or makes claims for his skill or treatment in addressing his patient which appear to be unwarranted. The recent articles in the *British Medical Journal* on quacks and quackery prove that this is no new use of the term. Several of the 18th century quacks immortalised by Hogarth possessed the degree of Doctor of Medicine of some University. Chevalier Taylor "Ophthalmiater" was M.D. Basle, yet Johnson said of his book that it was "an instance of how far impudence will carry ignorance." Misaubin the "Pill Doctor" was M.D. Cahors, and figured as the Quack Doctor in the terrible third picture of "Marriage à la Mode."

Legal definition of a quack.

Popular meaning is historical.

It is dangerous to be associated with an unqualified person who pretends to treat disease, although the means he employs may be a form of bath or apparatus for applying heat or electricity. The cloven hoof is shown when the person claims to treat disease, and is not ready to place his appliances at the disposal of the medical profession.

Danger of association with unqualified persons in the treatment of disease.

A few years ago lead poisoning was common among the Staffordshire potters, and a quack is said to have obtained some success by

treating it with electrical baths. The Duchess of Sutherland urged the medical profession to give the plan a trial, and a medical practitioner undertook to examine the patients and supervise it. The matter got into the papers, which praised the new treatment and connected it with the name of the practitioner, whereupon the quack wrote to say that "he was the originator of the treatment, that he had recommended the doctor to examine the cases, but that the doctor had nothing to do with the treatment, that the methods were peculiarly his own, and had never been entirely divulged to anyone." This the medical man denied, but he was, to say the least of it, not in a satisfactory position.

Public interest to secure respectable medical practitioners.

It is to the interest of the public to secure that medical practitioners are men of respectable character and competent skill. To attain these the State is willing to hedge them round by certain legislative safeguards and to grant them privileges. But corporate and public interests are not wholly identical; in time, they tend to become antagonistic, and therefore all demands for further safeguards or greater privileges are scrutinised with jealous fear less they should become injurious to the commonwealth. Such demands must be supported by strong evidence that they are justified on the ground of public welfare, or must form part of a bargain in which something is given in return for the boon conceded. The medical profession cannot very well assert that the present regulations do not secure the ends which the public has in view, for of that the public claims to be the best judge. The demand that it should be made penal to practise medicine, surgery, or midwifery for gain without being upon the Medical Register is supported by the fact that some of the persons practising without being registered are destitute of character and skill, are dangerous to those who employ them, and are frequently criminals who procure abortion, extort money by threats, and defraud their patients by working on their fears to induce them to pay large sums of money for worthless remedies. Unfortunately these considerations have not much weight with the public. The harm done is not appreciated, the extent of undetected crime and fraud is not known, the futility and danger of ignorant practice are not admitted, and the quack continues to be a rather popular person patronised by all classes.

Quacks are a public danger.

## READING AND STUDY.

Duty not to neglect reading and study.

It is the duty of every medical practitioner, while in practice, to keep up his knowledge by reading and study, so far as his time will allow. This he may very well do by reading a weekly medical

paper, and by buying from time to time good works of reference, which should be consulted when unfamiliar cases come under his notice.

Medical newspapers are now so good and so cheap that they and the information they furnish so abundantly come easily to all desiring them; it is only the will that is wanting to utilise the ready means. Some may plead want of leisure, and doubtless few men have their time so broken in upon, even to the interruption of necessary meals and sleep, as the members of the medical profession; and yet most have time, if they cultivate the habit, to read the parts that interest them of one medical journal a week. No one needs to read the whole of a journal; there are always papers dealing with matter which lie outside each man's special intellectual interests, and these may safely be skipped. Those should be selected which may widen our minds or improve our methods, and so make us wiser and more skilful practitioners. Moreover, no time should be wasted in reading controversial journalism that seeks to divide the profession against itself; in the words of the Bishop of Carlisle, "Keep no companionships, join no associations, nurse no thoughts, read no journals or books which tend to set men against one another, instead of with one another;" advice quite as much needed by medical men as by those to whom it was more especially addressed.

## RELIGION.

All religions to be respected.

Medical practitioners should respect the religious opinions or prejudices of their patients, and should preserve a perfectly impartial and tolerant attitude towards all denominations.

In England, where Voltaire said we had only enough religion to serve for political purposes, there is little practical difficulty in following a course of conduct which is so completely in harmony with our national habits.

Christian Science may be an exception.

There is, perhaps, one exception, that of the "Peculiar People," or Christian Scientists, as they now call themselves, who will not employ doctors, and sometimes allow their children to die without medical aid; but, even in this instance, as we are not called in, we can do nothing, although we may be forgiven for disapproving of their doctrines.

Duty to inform friends of Catholics of approaching death.

In the case of Catholics it is important to remember that the last rites of the Church are regarded as of great importance, so that due notice should be given that the priest may be fetched in time, and no objection should be made to, or any hindrance placed in the way of his ministrations.

Where fasting is a religious obligation it is at times necessary to advise that a sick person should not abstain, but an expression of medical opinion is usually accepted as sufficient. Exemption from fasts.

Some very strict total abstainers from alcohol object to its use even in illness, and where this objection is maintained after the reasons for its employment have been duly urged, a substitute should be used. Beef tea, strong coffee, ether, ammonia, digitalis, strychnine, caffeine, and Warburg's tincture are sufficiently powerful stimulants. No doubt all tinctures contain alcohol, but this question need not be raised, as total abstainers do not regard medicines as included in the terms of the pledge they have given. Total abstainers.

In foreign countries, especially in India, the prejudices of the people should be respected, but, as a fact, they will swallow anything given as medicine. The difficulties there are chiefly in respect to the seclusion of women, but these rules have often been waived in favour of the doctor, and are now met by the presence in India of a considerable number of duly qualified medical women. Caste prejudices.

## RESIGNING CASES.

A medical practitioner is justified under certain conditions in refusing to continue attendance on a case; where, for example, he finds another practitioner is in attendance, or where other remedies than those prescribed by him are being used, or where his remedies are refused, or where he is convinced the illness is an imposture, and he is being made a party to a false pretence. Practitioner may give up attendance on patient for due cause.

He may justifiably refuse to continue in attendance where the patient persists in the abuse of alcohol, opium, chloral, or similar poisons; but it would generally be better to continue in attendance, and endeavour, with the aid of the patient's friends, to check the dangerous habit.

He is not in any way bound to give up a case because he cannot cure it, so long as the patient desires his services. Not bound to give up a case because he cannot cure it.

## SECRECY: PROFESSIONAL.

Although there is no privilege allowed in English courts of law respecting the communications made by a patient to his medical attendant, such as is conceded to those from client to solicitor, it is recognised that a medical practitioner is under an obligation to his patient to preserve his secrets, and in legal matters should, except with the patient's consent, answer questions only at the express direction of the judge. He is not only not bound to No legal privilege for medical witnesses.

answer questions put to him by policemen, solicitors, or other non-judicial persons, but his duty is not to do so without first consulting his patient, and he must take care that his patient understands the effect of the information he may give. This also applies to certificates in which the nature of a disease is disclosed; it is, therefore, considered more prudent not to mention this except where there is a statutory obligation to do so.

**French law of privilege.**

In France, the law expressly forbids the disclosure of information obtained by the statements or examination of a patient, under penalty of fine or imprisonment, and it has been held that the consent of the patient, although a bar to a civil action for damages, is no defence to a police prosecution. A medical practitioner has been fined for writing to a newspaper, which had falsely accused him of causing the death of a patient, in order to give a true version of the facts. French courts of law allow a medical witness to plead privilege, and will not compel him to answer questions to his patient's disadvantage, except in certain cases of crime.

**Objections to French law.**

This over-strictness of the French law does not work very well. Medical men doubt whether they may fill up insurance forms, object to notify diseases, and are exposed on one hand to police prosecutions, and on the other to actions for damages for infractions of the law which in this country would not be regarded as of any serious importance, while they fear that an alteration of the law would lead patients to believe that they could no longer trust to professional discretion. On the whole, therefore, the English rule is the better one, but it by no means absolves doctors from the duty of keeping silent on all ordinary occasions respecting matters which may come to their knowledge in the course of professional work, while gossiping about patients is an abominable habit that should be carefully avoided. A gynæcologist of eminence was called in consultation to see a lady, who turned out to be his sister-in-law, at that time living apart from her husband, who was in a distant colony; she was not on friendly terms with her husband's family, who had disliked the match. The consultant believing the lady was suffering from an early miscarriage, took away some portion of the uterine contents for a subsequent examination. He considered he had identified placental remains and told his wife. At her request, he communicated with other members of the family, the upshot being that the lady was asked to return to her husband, and, on her refusing to do so, her allowance of £500 a year was stopped. She retaliated by bringing an action for breach of professional confidence against the consultant and his

**Liability in English law for disclosing patients' secrets.**

wife, who were condemned to pay the enormous sum of £12,000 damages, as well as heavy costs!

Lord Brampton's opinion.

In his summing up in this case, Mr. Justice Hawkins (Lord Brampton) is reported to have said: "It was also said by the medical witnesses that, if in the course of professional practice they came across a case which indicated either that a crime had been committed, or was about to be committed, that under those circumstances they were bound to divulge it. To whom? To the Public Prosecutor? If a poor wretched woman committed an offence for the purpose of getting rid of that with which she was pregnant and of saving her character, her reputation, and, it might be, her very means of livelihood; and if a doctor was called in to assist her—not in procuring abortion, for that in itself was a crime—but called in for the purpose of attending her and giving her medical advice—how she might be cured so as to go forth about her business—he (the learned Judge) doubted very much whether he would be justified in going forth and saying to the Public Prosecutor: 'I have been attending a poor young woman who has been trying to procure abortion with the assistance of her sister. She is now pretty well, and is getting better, and in the course of a few days she will be out again, but I think I ought to put you on to the woman.' To his (the learned Judge's) mind, a thing like that would be monstrous cruelty. He did not know what the jury's views would be; he spoke only of his own. Therefore, when it was said there was a general rule existing in the medical profession that, whensoever they saw in the course of their medical attendance that a crime had been committed or was about to be committed, they were in all cases to go off to the Public Prosecutor, he (the learned Judge) was bound to say that it was not a rule which met with his approbation, and he hoped it would not meet with the approbation of anybody else. There might be cases when it was the obvious duty of a medical man to speak out. In a case of murder, for instance, a man might come with a wound which it might be supposed had been inflicted on him in the course of a deadly struggle. It would be a monstrous thing if the medical man might screen him and try to hide the wound which might be the means of connecting the man with a serious crime. That was a different thing altogether. His Lordship only protested against the rule being supposed to be applicable to all cases where a doctor had reason to suspect a crime. If the rule existed, he did not think the Public Prosecutor would pay very much attention to it."

Duty of practitioner in case of abortion.

In case of murder.

This opinion may be compared with that given to the Royal College of Physicians in 1896 by Sir Edward Clarke and Mr.

Opinion of counsel.

Horace Avory, which was to the effect that a medical man should not reveal facts which had come to his knowledge in the course of his professional duties, even in so extreme a case as where there were grounds to suspect that a criminal offence had been committed.

**Demands of police.**

Medical practitioners are, therefore, not called upon to assist the police in the discovery of crime by giving such general information as is asked for in the following circular, issued by a chief constable:—

—— City Police,
Detective Department,
—— Street,
November 19th, 1903.

CHILD MURDER.

Sir,

I beg to inform you that at 9.30 p.m. on November 17th the dead body of a newly-born female child was found in an opening in —— Street, in this city, wrapped in an *Evening Dispatch*, dated November 16th, 1903, and having a piece of lace (probably torn from underclothing) tied tightly round the neck. The body was warm when found. A verdict of "Wilful murder" has been returned at the inquest, and, should you be called upon to attend any woman who appears to have been recently confined under circumstances of this nature, I should be obliged if you would immediately communicate with me by telephone or otherwise.

I am, Sir, your obedient Servant,
(Signed) ————————,
Chief Constable.

**Giving evidence against former patient.**

A case has recently been before the Law Courts in which the question of the inviolability of communications made to, and information obtained by, a confidential medical adviser, has been raised and settled, not altogether in accordance with medical opinion. The case was one in which a surgeon occupying a high position in Scotland was consulted by a lady who had left her husband's house, and desired to institute proceedings for a judicial separation on the ground of cruelty. The surgeon was consulted with a view to giving evidence in support of her allegations, but, as his opinion was not favourable, it was understood that he would not be called at the trial. Some months later he visited the same lady, in company with two other medical men, on behalf

of the husband, and subsequently gave evidence for the husband at the trial, which ended in the failure of the lady's claim. In the witness-box the surgeon is said to have made use of notes written by him after his first interview with the lady, and to have revealed a highly confidential communication made by her to him on that occasion, but no protest seems to have been made while he was in the witness-box. Subsequently the lady and her father commenced an action against the surgeon on the ground that he had no right to reveal the results of his first examination and the communications made at that time. The Scottish Court of Session held that no action can lie against a witness for any words used in the witness-box; but, with one dissentient, Lord Young, found that an action might be brought against him for the information given by him previous to the trial to the husband's solicitors, that is, in what is in Scottish legal phraseology termed the precognition of the witness. Against this finding of the Court of Session, the surgeon appealed to the House of Lords, and the Lord Chancellor, in giving judgment, expressed a strong opinion that the protection of a witness must be complete, and could not be so unless the proof of his evidence given to the solicitors before the trial was as much privileged as the evidence given in court. Mr. Haldane, who appeared for the lady and her father before the House of Lords, contended that a medical man has no right to reveal confidential communications made to him, but the Lord Chancellor merely said that he had never in the course of his professional career heard such a claim made before. That the result was not altogether satisfactory may be fully admitted, and that this was felt by the public as well as by the profession was shown by the comment made in the *Scotsman* in a leading article devoted to the case, in which it was pointed out that it is highly unsatisfactory to feel that any communication made by a patient to his confidential adviser may at some future time, if he should happen to be haled before the law courts, be voluntarily revealed to the enemy. Although such a revelation, even when made voluntarily and for payment, does not appear to be actionable, it is certainly contrary to the rule of professional ethics and of ordinary right conduct; information gained in the performance of professional duties should not be revealed, except in the witness-box and under the direction of a duly-constituted judicial authority. The main protection to the public is that there is no means of compelling the witness to reveal what he knows until he is brought into court, and, as a witness, the tenor of whose evidence is unknown, is not a very satisfactory element in a case, he would not often be called. The Scottish case shows that the

No legal liability for evidence.

Ethically wrong to tender such evidence.

Witness, if called, should object in the box.

proper time to protest against such revelations is when the witness is in the box, and probably in many instances the judge would not allow the witness to be pressed.

Servant's secret not to be disclosed to employer.

If a servant is sent by an employer for examination, the doctor should be very careful to see that the servant understands that the result is to be communicated to the employer.

If a servant whose employer is known to the doctor consults him, the doctor is not justified in telling the employer the result of the examination without getting the express consent of the patient, and, if the communication is liable to be prejudicial, he should take care to put this before the patient when asking consent.

Consent of servant necessary before examination.

If a mistress asks a doctor to examine a maidservant suspected to be pregnant, it is better to decline; in any case, the girl's consent must be obtained, and, before making the examination, she should understand clearly that he is examining her on behalf of her mistress, to whom the results will be disclosed.

Judge's or magistrate's order required to dispense with consent.

No medical practitioner is justified in making an examination of any person at the sole instance of an employer, police official, coroner, or similar authority, without the consent of the person concerned, as to do so would be technically an assault, and would expose him to the risk of an action for damages. A judge's or magistrate's formal order would be a sufficient warrant.

Consent of parent in case of child under age.

A child or person under age living in tutelage with its parents or guardians may be examined at their request, and the results may be disclosed to them. A parent or other relative has no *right* to know the result of a medical examination of a person of full age. The propriety of such a communication must be a matter for the judgment of the practitioner, who, if in doubt, should ask the consent of the patient.

Parent not entitled to learn secret of adult child.

Danger to others does not justify disclosure.

If a patient is suffering from an infectious disease so as to be a source of danger to other persons, he or she should be warned and urged to take the necessary means for the prevention of infection; but it would not be right to violate his confidence by informing persons supposed to be in danger, without his or her consent.

Unreasonable remarks of a judge.

Judges are not all as clever as Lord Brampton, and some of them do not appreciate the position of medical men as fairly as they might. In the trial of the Polish Jew, calling himself Chapman, for the murder of Maud Marsh, the presiding judge said it was the duty of the doctor to have informed the poor girl's parents that she was not married; and, when the Solicitor-General suggested that the position of a doctor in such circumstances was a difficult one, the judge is reported to have said:

"Not at all; it is the duty of the doctor in such a case to inform the parents. I say so unhesitatingly." Such a suggestion is ridiculous; it was not the doctor's business to consider whether the parties were married or not, as it had no bearing on his duties in the case. The judge also expressed surprise that the doctor did not earlier suspect that something was wrong, and communicate with the police, but one of the medical witnesses very properly replied: "Even doctors want time to think over such a serious matter as accusing off-hand someone of poisoning a person." No doubt some crimes might be prevented if doctors were more prompt to communicate their suspicions to the police, but where these suspicions were not well founded, the results to the doctor would be unpleasant, and might be disastrous. It has been suggested that the difficulty might be got over by appointing to each district, county, or county borough, a Crown Consultant, selected and paid by the Home Office, to whom a perplexed practitioner might apply for guidance, and who would treat the matter as confidential between him and the practitioner, but take the responsibility of informing the police if he saw grounds for doing so.

**Duty to parry indiscreet questions of friends.**

It must be confessed that a medical practitioner requires some tact and skill in parrying the indiscreet questions which are put to him about his patients. In a country parish the vicar deems he has a right to know all about the ailments of, at any rate, the labouring classes of his parishioners, while the vicar's wife is even more catholic in her sympathy or curiosity. It is often not in the patient's interest for the doctor to refuse to say what is the matter, as any mystery stimulates curiosity, but it may be possible to pass off the question with a commonplace remark such as "He is very bad" or "not very bad." If pressed, it is better to say, "Excuse me, I must not talk about my patient's ailments." If this is the usual answer to indiscreet questions, it will cause no surprise, and will in the end do the medical man no harm, while it will tend to educate his questioners into a better appreciation of the limits of legitimate village gossip. In larger centres medical men are spared this species of inquisitorial examination.

**When to be frank or reticent with patient.**

Should it be discovered that a patient is suffering from a grave or mortal disease, he should be told the truth if he asks that nothing should be concealed from him. This is a painful duty, but it cannot be avoided. Under other circumstances his friends are told, and he is allowed to cherish a hope of recovery. It may be necessary at times to warn a patient to make his will, or to settle other matters of business, but this is done generally at the request of relatives. The approach of death is met with more philosophy than

Hopefulness generally justifiable.

literary accounts of the matter might lead us to expect. Doctors are justified in giving the patient and his friends every reasonable ground of hope, and it is neither necessary nor desirable to paint the prognosis blacker than a careful survey of the facts warrants. In speaking to the friends a statistical opinion may be given to them; thus, it may be said, "Nine out of ten of these cases recover, and it may be hoped he will recover too," or, "These cases live from two to ten years or more, and there is no apparent reason why he should not have the average expectation of life in such cases." This is only wrong if there are any factors present which cast the balance greatly against the patient. If there are such, they should be mentioned, and taken into consideration in calculating his chances.

## SECRET REMEDIES.

Secret remedies forbidden.

Medical practitioners should not use secret remedies. They are not, however, obliged to give patients the exact details of the treatment employed; if the patient asks for them it is better to satisfy him, or he may take offence and seek another medical adviser.

No obligation to disclose nature of remedies to patient.

Definition of nostrum.

Nostrums are special preparations of which the formulæ are wholly or partially unknown. As a general rule, such preparations should not be ordered, as it is unscientific to make use of unknown remedies, the nature of which we are ignorant; but in many cases, if their essential character is known, their use may be justified.

Simplicity in prescribing preferred.

Simplicity in prescribing is much to be desired for the advancement of therapeutics, and this is a reason for declining to employ the complicated compounds of the wholesale druggist, but it does not amount to an ethical objection to their use.

## SENIORITY.

Different meanings attached to word.

Seniority in age is a doubtful advantage, and seldom affords grounds for claiming any professional privilege. Professional seniority is a vague term meaning different things under different conditions: in a hospital it depends upon the date of appointment; in a town, on the date at which practice was commenced there; in other circumstances, on the date of qualification.

Seniority at consultations.

At a consultation where several consultants are present the junior is sometimes asked to speak first, but usually no such rigid ceremony is followed, and the conversation is informal.

Consultant not to be objected to for want of seniority.

Professional position ranks above seniority in most circumstances. A senior practitioner should not refuse to meet a consultant on the ground that he is junior in years or date of qualifications.

Experience is of great value in any profession, but it cannot be measured by time only. Special opportunities give greater experience in a few years than can be obtained otherwise in an ordinary lifetime; it is therefore not at all derogatory for a senior practitioner to consult with a younger man who has had special experience.

Experience cannot be measured by time.

Seniority in age brings with it certain dignities and offices which look imposing from below; presidential chairs are its main privileges; its disadvantages are obvious.

Privileges of seniority.

Every man should try to grow old gracefully, without too visibly regretting those things which must be given up. For a senior to speak contemptuously of a colleague on account of his youth is not only wrong, but foolish; it is a sign of weakness, and is attributed to the bitterness felt by a man conscious of the decadence of his powers. It is better to cultivate sympathetic feelings towards the rising generation; the older man's memory of his own struggles should make him ready to give a helping hand, even if he did not find it when he sorely needed it. Growing old is anyway a bad business, but this truth is only appreciated by those who are getting on in years. The young do not perceive it, and even envy their seniors, who seem to have attained all that they are hoping for; but the old may try to deserve some measure of affection and regard; the effort is worth while, even if the desired result is not attained.

Virtues to be cultivated in old age.

## SUPERSESSION.

There can be no doubt of the impropriety of any action having for its object to take away a patient from another practitioner; such conduct is generally regarded as inexcusable; it is expressly forbidden by Bye-law 175 of the Royal College of Physicians (see *Appendix*), and in the old rules of the Paris Faculty, a member found guilty of attempting to supplant a colleague was struck off the roll. In the race for practice, it is inevitable that there should be varying degrees of success, with consequent triumphs on the one hand, heart-burnings and disappointments on the other; but the competitors must play the game, and, whether they succeed or fail, they should treat each other fairly.

Enticing away patients is forbidden.

It is admittedly unfair to send out a paid canvasser to obtain private patients, but it is equally unfair to do so for a private club, and such conduct incurs the danger of censure by the General Medical Council, or even of removal from the Medical Register (see *Appendix*).

Canvassing forbidden.

Introduction to practice not indispensable.

It is still the common rule for introductions to practice to be obtained by purchase, but, especially in large towns, it is quite usual to commence in populous and growing neighbourhoods without buying any opening, in the hope of getting patients partly from newcomers, but partly by taking them from other practitioners. As the absolute right of the patient to choose whatever medical adviser he pleases, and to change him when he sees good reason, cannot be disputed, it is not easy to raise an ethical objection to this in itself, but it is none the less a source of ill-feeling. Such intruders are not on friendly terms with their neighbours, and cannot look for that reciprocal help which should be found among those who practise in the same place. Thus, if A. is out when sent for, and the patient calls on B., the latter ought to regard himself as acting for A., and do only what is necessary, leaving the case for A. on his return, for under like circumstances, A. should do as much for B.; but the "squatter" throws away no chance, and, when called in through such an accident, does his best to secure the patient permanently; hence quarrels arise. It is frequently maintained that under such circumstances B. is ethically obliged to give up the patient to A., but we cannot deny the right of the patient to choose or change his medical adviser; the circumstances would be different if B. had attended at A.'s request; he would then be acting as A.'s agent, and would be in a position of trust of which he could not ethically take advantage to A.'s prejudice.

The "squatter."

When is supersession permissible.

Where the patient is dissatisfied with his medical adviser, and deliberately desires to change, no ethical question can arise as to the action of the practitioner who assumes charge of the case, but, before consenting to do so, he should ask for a communication to be sent to his predecessor intimating politely but clearly that his attendance is no longer desired. Among the class in which letter writing is a matter of difficulty, so many misunderstandings occur that it is worth while for the superseding practitioner to make it his business to see that the intimation given is neither ambiguous nor offensive. Unfortunately, a dismissal is never agreeable, and the dismissed practitioner is disposed to find offence and resent his supersession as a personal affront; a little philosophy is needed in these cases. In most instances the superseded practitioner is not to blame, but the case—a chronic one—has not been getting well so rapidly as the friends expected, or the other practitioner has come to live conveniently near. These changes are rarely made on the ground of professional mistake, neglect, or failure, and where that is not the case there is no cause for self-reproach or bitter feeling; they are accidents which must happen to everybody, and

in the long run they tend to equalise themselves. If, however, the change has been due to any fault, there is less ground for just complaint.

A substitute, *locum tenens*, consultant, or assistant should not supersede.

When a practitioner has been introduced to a patient as a substitute, *locum tenens*, consultant, or assistant in an operation, he cannot ethically supersede his friend, client, or principal, but must decline the case. In the case of a general practitioner called in consultation by a colleague, it would be going too far to lay down the rule that at no future time could he attend the patient as his own, but the interval of time should be sufficiently long (a year is probably the minimum) to sever any immediate connection between the two events.

Supersession in club appointments.

When permissible.

Canvassing forbidden until vacancy is declared.

While some degree of heart-burning over the loss of a private patient is common enough, it is hardly possible to exaggerate the bitterness of the quarrels which result from the loss of an appointment to a club, a friendly society, a poor law board, or a sanitary authority. There is no vested interest in these appointments, but they are commonly regarded as if there were, and, as they are often transferable on the sale of a practice, they are regarded as a valuable asset. Nevertheless, the committees or boards have the right if they choose, subject to the law in certain cases, to change their medical advisers, and there is no impropriety in accepting such a post, although formerly held by a colleague. It is, however, not right to endeavour to oust the holder by canvassing for the appointment before a vacancy is declared, by offering to do the work on lower terms, or otherwise; it is open to doubt if it is fair to accept it if offered spontaneously at a lower rate of remuneration, because these bodies are often possessed of a parsimonious spirit by which economy is more regarded than efficiency, and they do not scruple to degrade the work and the profession by inadequate payment. No doubt every man has a right to set his own price on his services, and no penalty is attached to underselling, except that involved in the ill-will with which such conduct may be regarded by professional neighbours with whom it is his interest to be on friendly terms. Where the question arises of an alteration in the rate of payment for a particular office, it is a good custom for the practitioners concerned to meet and discuss the matter. All intending candidates should attend the meeting, and if a reduction may reasonably be accepted, this opinion, with the reasons for it, may be laid before the meeting; but if not approved, it is undesirable for any individual to oppose his colleagues upon such a question, and it is better to stand aside altogether than to destroy professional accord. For all that is

said in favour of contract work, no young man is the worse for being without it.

## SURGERY AND OPERATIONS.

Consultation before operating is advisable.

It is rare for serious surgical operations, involving risk to life, to be undertaken without due consideration and consultation with another practitioner, except in cases of extreme urgency. This is desirable in the interests of the patient, but, owing to the introduction of local anæsthetics, improved technical appliances, and skill in their application, a great number of operations are now performed which are not dangerous to life in the ordinary sense, nor urgent, and, if not exactly undesirable, are of the kind that leave room for considerable difference of opinion, or, in some cases, may lay the surgeon open to the charge of operating more for his own advantage than for that of his patient.

Charge of unnecessary operating considered.

This is a delicate subject, but the charge has been made over and over again, in most cases against men who were really pioneers in new departments of surgery, and this should induce caution in listening to these accusations; for those who are getting old too often denounce progress itself as unjustifiable and unnecessary. It should rest with the family practitioner to decide the question of operation, for he should have no bias, and he will see the ultimate result. Surgical enthusiasm may be forgiven for being a little blind to such arguments against operating, as the shock to the patient, or the expense, which is not a consideration to be left out of account if the result is in commensurate. "Exploratory incisions" ought not to be lightly sanctioned, merely to clear up a diagnosis. The proposal should always be looked at solely from the point of view of the patient, and the advice be given to him only in his interest.

Objections to sham operations.

"Sham" operations are objectionable, even when done gratuitously in a hospital. By this I mean those operations in which only a skin incision is made and sewn up again, but the patient is allowed to believe that a tumour has been removed, the object being to satisfy a nervous patient who believes she has a tumour, although none exists. This is prostituting surgery, and if there were no alternative it were better for the patient to fall into the hands of Christian Science votaries, but there are other means; such tumours often disappear after the patient has been put under an anæsthetic, or, if they recur, their harmless nature has been demonstrated to anyone not insane. There remains the worst charge of all—that of performing a bogus operation, that is, of removing a piece of healthy tissue when no disease exists, or doing

Bogus operations denounced.

something futile which cannot be productive of any good. No such charge has ever been proved, but there can be no two opinions as to the grossly fraudulent character of such a proceeding, and the main protection to the patient, if he needs any against such practices, is the presence at the operation of the family medical adviser.

Presence of family attendant most desirable.

It is most desirable that the family medical adviser should be present at all operations, so that he can see what is done and represent the patient who is unconscious and the relatives who are absent, but it is unreasonable for him to take offence because the operator prefers to entrust the patient's life to an anæsthetist whom he knows, or to employ the hands of an assistant who is constantly engaged in this work, and who is trained to remember the detailed precautions required for success in aseptic surgery. This claim is in conflict with the interests of the patient, for a surgeon cannot give his undivided attention to his work if he is uneasy about such details.

Operator to have choice of anæsthetist and assistants.

Family practitioner should be paid for his attendance at operation.

Nor is it reasonable to suggest that the surgeon desires to deprive the family doctor of a fee, for the latter should charge for his attendance; it might be considered whether the surgeon should not make a rule of naming the family doctor as one of the assistants he will require to be present, and mentioning the fee he should be paid at the same time as he fixes his own.

Consultation before inducing premature labour.

The induction of premature labour is an operation of such responsibility that whenever the result is likely to be the destruction of the product of conception it should only be undertaken after consultation with another practitioner. The wilful procuring of abortion is a felony, and calls for no further discussion in a work dealing only with those phases of conduct which the law does not class as crimes.

Specialists' aid to be sought for X-ray treatment.

The application of the X-rays in the treatment of disease has been attended with so many unfortunate results, and their therapeutic effects are still so imperfectly demonstrated, that they should be tried only on the advice of practitioners who have had special experience in their use, and under their supervision. Many unregistered persons are at the present time offering themselves for this work, and it is much to be regretted that they should receive support from the medical profession. Those members of our own body should be backed up who have devoted their time to this speciality, and it ought to be remembered that by sanctioning the intrusion of laymen into this department of practice we sacrifice the principle which we all profess to hold, that no one but a regularly educated medical practitioner is competent to undertake the treatment of disease. There might be some excuse for

Duty of profession to support those members who devote their attention to special subjects.

employing a lay operator in a case where the principles of the treatment are fully known, and could be carried out under medical direction and supervision, but there can be no pretence of this being the case in this instance.

Competence of a registered practitioner to undertake any form of treatment.

Modesty is not a conspicuous failing of the medical profession, but some time ago I was asked the following question:—"Is a young practitioner justified in undertaking the operation of abdominal pan-hysterectomy in a small country town in an artisan's dwelling-house, without a second opinion or any skilled assistance except the anæsthetist?" My reply was that it was impossible to limit the responsibility and discretion of a duly qualified medical practitioner; he must judge for himself. It cannot be admitted that young men, because they are young men, must hand over all serious cases to their seniors, who may possess greater experience and greater skill, or that operations should be undertaken only by men occupying certain hospital posts or who have passed the higher surgical examinations. Many young men start full of surgical enthusiasm, and perform operations upon their poorer patients without payment, and often at considerable expense to themselves. As a rule, this wears off, but here and there an eminent surgeon begins in this way. Every operator is bound to take all the precautions in his power for the safety of his patient, but these must be left to his judgment. If he is unsuccessful he knows his reputation will suffer. These circumstances afford sufficient protection to the public, and a rule forbidding major operations except under specified conditions would be impracticable.

Subject to due sense of his responsibility for the safety of his patient.

## VACCINATION.

Value of vaccination.

I assume that there are few medical practitioners who doubt the value of vaccination, not because they have studied the whole question, but because they accept it, as everyone does many other propositions which have been settled by competent authorities. Probably few of us could state satisfactorily the grounds for our belief that the earth is an oblate spheroid moving round the sun in an elliptical orbit. The proof of the value of vaccination was much easier when the population was unprotected than it is now. A few facts drawn from the experience among such unprotected people should not be ignored. When the Russians conquered the Transcaspian frontiers of Central Asia epidemics of smallpox recurred almost annually, and 50 per cent. of the children were slain or disfigured by the pest; one of the first steps of the Russians was to introduce vaccination; they surmounted a vast amount of prejudice, especially among the priesthood, but the

value of the boon conferred on suffering humanity has been long recognised; vaccination is now decidedly popular, and as a consequence smallpox is almost unknown in Russian Central Asia.

## VISITS TO PATIENTS.

Medical practitioners must be allowed to visit patients as often as they think necessary, but they should be careful not to multiply their visits unduly, or to continue them longer than the case requires.

It is very undesirable to pay friendly visits to a patient who is under the care of another medical man. It is quite possible that such visits may be made in perfect good faith, but they frequently lead to unpleasantness, and had much better be avoided.

## WORKMEN'S COMPENSATION ACTS.

**Professional secrecy and working classes.**

Medical practitioners must remember that, when consulted by a workman, their first duty is to him, and not to his employer, and that they have no right to furnish information to the employer without the workman's consent. On the other hand, if the workman is sent for examination by his employer, the medical practitioner may report to the employer upon the case, provided that the workman fully understands the conditions under which the examination is made.

**Workman must attend at consulting room.**

Under the Workmen's Compensation Acts, a workman must attend at the consulting rooms of the medical practitioner selected by the employer, unless, in the opinion of his own medical attendant, he is unable to travel (see 60 and 61 Victoria, cap. 37, schedule 1, section 11).

**Examining practitioner should give notice of visit.**

When a medical practitioner proposes to visit a workman in order to make an examination on behalf of an employer, he should give notice to the workman of the intended visit, and suggest the desirability of his medical attendant being present at the examination.

**Not practitioner's duty to question accident.**

When consulted about an injury alleged to be the result of an accident, it is not the duty of the medical practitioner to ascertain whether the accident did take place, or to endeavour to define what constitutes an accident. Both these questions may be left for the Court to determine. He is asked to say whether, supposing certain events constituting the alleged accident to have occurred, the patient's condition in whole or in part is the result of such accident; he will be asked to define as nearly as possible the extent to which the accident is responsible for the patient's present condition, and to state the extent of the injury or incapacity resulting from

**Practitioner's duty defined.**

the accident, its effect upon the injured person's health, prospects of earning his living, and the duration of his life.

Fees for Workmen's Compensation Acts certificates.

According to the laws of most hospitals, the visiting and resident staff are compelled to give without payment all necessary certificates to patients. Where fees are payable, as under the Workmen's Compensation Acts, it is desirable that a special arrangement should be made. The signer of the certificate has a *prima facie* claim to the fees, and this should be conceded by the hospital authorities; but the matter is one for mutual arrangement, as a resident may be paid a salary calculated to cover all such incidental sources of income.

The Workmen's Compensation Act, 1906, imposes a serious liability upon all employers, which every prudent person in that position will endeavour to meet by insurance. The persons employed, and for whom there is a liability to pay compensation equal to half the weekly wages, or in case of death or permanent disablement to a sum equal to the total earnings for three years preceding death or disablement, include assistants, dispensers, trained nurses, domestic servants, coachmen, chaffeurs, gardeners, and farm servants; possibly also a *locum tenens*, but if his rate of remuneration exceeds £250 a year, board and lodging being added to the cash payment in calculating this sum, then he is excluded. Conversely, medical practitioners who are employed on salaries that, computed as above, do not exceed £250 a year, can, if they please, claim compensation, an advantage that will be unquestionably enjoyed by the junior salaried medical officers of workhouses, asylums, and hospitals, and probably also by junior lecturers and demonstrators, poor law medical officers, medical officers of health, railway and Post Office surgeons, Irish dispensary doctors, and medical officers of sick clubs and medical aid societies, provided their salaries, including board and lodging where these are provided, do not exceed £250 a year.

# APPENDIX.

*Extracts from the Bye-laws and Regulations of the General Medical Council and Medical Corporations, relating to the conduct of members of the medical profession.*

## REGULATIONS OF THE GENERAL MEDICAL COUNCIL.

### I.—As to the Employment of Unqualified Persons as Assistants or Otherwise, directed to be issued by Resolution adopted by the General Council on 24th November, 1897.

Whereas it has from time to time been made to appear to the General Medical Council, that some registered medical practitioners have been in the habit of employing, as assistants in connection with their professional practice, persons who are not duly qualified or registered under the Medical Acts, and have knowingly allowed such unqualified persons to attend or treat patients in respect of matters requiring professional discretion or skill; and whereas in the opinion of the Council such a substitution of the services of an unqualified person for those of a registered medical practitioner is in its nature fraudulent and dangerous to the public health:—The Council hereby gives notice that any registered medical practitioner, who is proved to have so employed an unqualified assistant, is liable to be judged as guilty of "infamous conduct in a professional respect," and to have his name erased from the Medical Register under the 29th Section of the Medical Act, 1858.

Further, in regard to the practice commonly known as "covering," the Council gives notice that any registered medical practitioner, who by his presence, countenance, advice, assistance, or co-operation, knowingly enables an unqualified or unregistered person (whether described as an assistant or otherwise) to attend or treat any patient, to procure or issue any medical certificate or certificate of

death, or otherwise to engage in medical practice as if the said person were duly qualified and registered, is liable to be judged as guilty of "infamous conduct in a professional respect," and to have his name erased from the Medical Register under the said enactment.

But the foregoing notices do not apply so as to restrict the proper training and instruction of *bonâ fide* medical students as pupils, or the legitimate employment of dressers, midwives, dispensers, and surgery attendants, under the immediate personal supervision of registered medical practitioners.

### II.—As to Association with Unregistered Dentists.

Resolution passed by the General Council on 1st December, 1898 :—

"Any registered medical practitioner who knowingly and wilfully assists a person who is not registered as a Dentist in performing any operation in dental surgery, either by administering anæsthestics or otherwise, will be liable, on proof of the facts, to be dealt with by the General Medical Council as having been guilty of infamous conduct in a professional respect."

### III.—As to Association with Medical Aid Societies.

Resolution passed by the General Council on 6th June, 1899 :—

"That the Council strongly disapproves of medical practitioners associating themselves with medical aid associations which systematically practice canvassing and advertising for the purpose of procuring patients."

### IV.—As to the Illegal Sale to the Public in Medical Halls or Open Shops of Scheduled Poisons, or Preparations containing Scheduled Poisons.

Notice issued by the General Council on 2nd December, 1901 :—

"Whereas it has been made to appear to the General Medical Council that certain registered medical practitioners, who keep medical halls or open shops in which scheduled poisons or preparations containing scheduled poisons are sold to the public, have been accustomed to leave in charge of such halls or shops assistants who are not legally qualified to sell scheduled poisons to the public; and that such practitioners have thereby, for their own profit, and under cover of their medical qualifications, enabled such unqualified assistants to sell scheduled poisons, and so to commit breaches of the law; and whereas, in the opinion of the Council, such practices

on the part of a registered medical practitioner are professionally discreditable and fraught with danger to the public, the Council hereby gives notice that any registered medical practitioner who is proved to have so offended, is liable to be judged as guilty of 'infamous conduct in a professional respect,' and to have his name erased from the Medical Register under the 29th Section of the Medical Act, 1858."

### V.—As to Advertising and Canvassing.

Resolution adopted by the General Council on 1st December, 1905:—

"Whereas it has from time to time been made to appear to the General Medical Council that some registered medical practitioners have, with a view to their own gain and to the detriment of other practitioners, been in the habit of issuing or sanctioning the issue of advertisements of an objectionable character, or of employing or sanctioning the employment of agents or canvassers, for the purpose of procuring persons to become their patients: And whereas in the opinion of the Council such practices are contrary to the public interest and discreditable to the profession of medicine: The Council hereby give notice that any registered medical practitioner resorting to such practices thereby renders himself liable to be charged under the 29th Section of the Medical Act, 1858, with 'infamous conduct in a professional respect,' and if after due inquiry he is judged by the Council to have been guilty of such conduct the Council may, if they see fit, direct his name to be erased from the Medical Register."

### *Extracts from the Bye-laws and Regulations of the Royal College of Physicians of London.*

No Fellow of the College shall be entitled to sue for professional aid rendered by him. (Bye-law 170.)

If two or more Physicians, Fellows or Members of the College, be called in consultation, they shall confer together with the utmost forbearance, and no one of them shall prescribe, or even suggest, in the presence of the patient, or the patient's attendants, any opinion as to what ought to be done, before the method of treatment has been determined by the consultation of himself and his colleagues; and the physician first called to the patient shall, unless he decline doing so, write the prescription for the medicines agreed upon, and shall sign the initials of the physicians or physicians called in consultation, he placing his own initials

the last. If any difference of opinion should arise, the greatest moderation and forbearance shall be observed, and the fact of such difference of opinion shall be communicated to the patient or the attendants by the physician who was first in attendance in order that it may distress the patient and the friends as little as possible. (Bye-law 174.)

No Fellow, Member, or Licentiate of the College shall officiously or under colour of a benevolent purpose, offer medical aid to, or prescribe for, any patient whom he knows to be under the care of another legally qualified medical practitioner. (Bye-law 175.)

No Fellow or Member of the College shall be engaged in trade, or dispense medicines, or make any engagement with a chemist or any other person for the supply of medicines; or practise medicine or surgery in partnership, by deed or otherwise; or be party to the transfer of patients, or of the goodwill of a practice, to or from himself, for a pecuniary consideration. (Bye-law 176.)

No Fellow, Member, Extra Licentiate, or Licentiate of the College shall assume the title of Doctor, or append to his name the title of Doctor of Medicine, or the letters M.D., or any other letters indicating that he is a graduate of a University, unless he has obtained a degree entitling him to do so. (Bye-law 177.)

No Fellow, Member, or Licentiate of the College shall refuse to make known, when so required by the president and censors, the nature and composition of any remedy he uses. (Bye-law 178.)

Licentiates of this College shall not compound or dispense medicines, except for patients under their own care. (Bye-law 180.)

Certain resolutions relating to professional conduct have been adopted at various times by the College as follow:—On the 9th day of June, 1873, the College passed the following resolutions:—

"That the practice of medical authors frequently advertising their own works in the non-medical journals, and especially with the addition of laudatory extracts from reviews, is not only derogatory to the authors themselves, but is also injurious to the higher interests of the profession."

On the 27th day of December, 1881, the College passed the following resolution:—

"That, while the College has no desire to fetter the opinion of its members in reference to any theories they may see fit to adopt in connection with the practice of medicine, it nevertheless considers it desirable to express its opinion that the assumption or acceptance by members of the profession of designations implying the adoption of special modes of treatment, is opposed to those principles of the

freedom and dignity of the profession which should govern the relations of its members to each other and to the public.

"The College therefore expects that all its Fellows, Members, and Licentiates will uphold these principles by discountenancing those who trade upon such designations."

On the 27th day of July, 1882, the College passed the following resolution :—

"That the system of extensively advertising medical works, and the custom of giving, whether for publication or not, laudatory certificates of medicinal and other preparations, or of medical or surgical appliances, is misleading to the public, derogatory to the dignity of the profession, and contrary to the traditions and resolutions of the Royal College of Physicians."

On the 2nd February, 1888, the College passed the following resolution :—

"That it is undesirable that any Fellow, Member, or Licentiate of the College should contribute articles on professional subjects to journals professing to supply medical knowledge to the general public, or should in any way advertise himself, or permit himself to be advertised in such journals."

On the 25th of October, 1888, the College passed the following resolution :—

"That it is undesirable that any Fellow or Member of the College should be officially connected with any company having for its object the treatment of disease for profit."

*Extracts from the Bye-laws and Regulations of the Royal College of Physicians of Edinburgh, Chapter* vii., *Section* 1.

No Fellow or Member of the College shall by himself, co-partners, or servants keep a public apothecary's, druggist's, or chemist's shop, or dispense medicines for gain. Any Fellow or Member of the College who shall by himself, co-partners, or servants keep a public apothecary's, druggist's, or chemist's shop, or dispense medicines for gain, shall forfeit, for such time as the Fellows may determine, all the rights and privileges which he does or may enjoy as a Fellow or Member of the College.

*Extracts from the Bye-laws and Regulations of the Royal College of Surgeons of Edinburgh, Chapter* iv., *Sections* 13, 14, 15, 16.

(13) No Fellow of the College shall keep an open shop for the sale of drugs or other merchandise.

(14) No Fellow of the College shall allow his name to be con-

nected with advertisements or publications of an indelicate or immoral nature.

(15) No Fellow of the College shall practise, or profess to practise, by the use of or according to any secret remedy or method of treatment; or shall allow his name to be connected with advertisements for the sale of any secret remedy, or practise by the use of any secret remedy or method of treatment; or shall connect himself in partnership or otherwise, or continue in connection, with any person practising by means of or advertising the sale of any secret remedy.

(16) No Fellow shall be guilty of any deception or other immorality in the practice of his profession, or shall in any other way conduct himself inconsistently with the honour and decorum which become his position as a Fellow of the College.

*Extract from the Regulations of the Faculty of Physicians and Surgeons of Glasgow.*

No Fellow of the Faculty shall keep an open shop for the sale of drugs or other merchandise, or be a proprietor or have any proprietary interest in a secret remedy. (Chapter vii., p. 14, Section 1.)

*Extracts from the Bye-laws of the Royal College of Physicians of Ireland.*

Every candidate, before being enrolled a Member of the College, shall subscribe the following declaration in the presence of the President and Fellows:—

"I do hereby solemnly and sincerely promise that I will observe and obey the Statutes, Bye-laws, and Regulations of this College, relating to members, and will submit to such penalties as may be lawfully imposed for any neglect or infringement of them, including the erasure of my name from the list of members and the surrender of my diploma of membership received from the College.

"I further promise and declare that I will, to the best of my ability, do all things in the practice of my profession for the honour of the College and the good of the public.

"I further promise and declare that I will not keep open shop for the sale of medicines, or endeavour to obtain practice, or to attract public notice, by any unworthy means; nor will I either permit or sanction the use of my name by any other person for such purposes, or in connection with any secret remedy; and in case of any doubt relative to the true meaning or application of

this engagement, I promise to submit to the judgment of the College."

Every candidate, before being admitted as a Licentiate of the College, shall subscribe the following declaration, viz. :—

"I engage not to endeavour to obtain practice, or to attract public notice, by any unworthy means; I also engage that I will neither permit nor sanction the use of my name by any other person for such purposes, nor in connection with any secret remedy; and in case of any doubt relative to the true meaning or application of this engagement, I promise to submit to the judgment of the College." (Chapter iv., Section 31.)

(93) "Any Fellow, Member, or Licentiate of this College who, in the judgment of the College, shall be deemed guilty of conduct unbecoming the profession of physic, shall be placed under the censure of the College." (Chapter xi., Section 93.)

(94) "No Fellow, Member, or Licentiate of this College shall consult with any Fellow, Member, or Licentiate who is under censure." (Chapter xi., Section 94.)

(95) "No Fellow, Member, or Licentiate of this College shall consult with any person who shall have been pronounced guilty of any conduct unbecoming the profession of physic." (Chapter xi., Section 95.)

The following Resolutions have also been passed by the College:—

"That the reviewing or advertising of medical works in other than medical publications, and the giving by any of the Licentiates, Members, or Fellows of this College, whether for publication or not, laudatory certificates of medicinal or other preparations, or of medical or surgical appliance, is misleading to the public, derogatory to the dignity of the profession, and is open to censure by the Royal College of Physicians of Ireland." (Resolution 10.)

"That the Royal College of Physicians of Ireland desire to express their disapproval of their Licentiates accepting office in medical aid associations as at present conducted in England, inasmuch as the independence of the physician is destroyed by the system, and the services of the physician are used so as to produce a profit for lay persons." (Resolution of 3rd November, 1893.)

"That the Royal College of Physicians of Ireland condemn the employment of unqualified assistants by any of their Licentiates, and instruct their representative on the General Medical Council to urge the Council to suppress the practice by every means in their power." (Resolution of 8th January, 1897.)

"That, in the opinion of the President and Fellows, a Fellow,

Member, or Licentiate may by courtesy and usage call himself 'doctor,' but he has no right to use the letters 'M.D.,' or call himself 'Doctor of Medicine,' unless he holds that degree from a university." (Resolution of 6th April, 1901.)

*Extracts from the Bye-laws and Regulations of the Royal College of Surgeons of Ireland.*

"Any Fellow who shall be convicted before the Council of having made a false or corrupt report, or gives a false certificate to any magistrate, insurance company, public board, or other body or individual, respecting the state of health of any person, shall be expelled; and if a Licentiate shall be so convicted, his letters testimonial shall be withdrawn." (Bye-law 11.)

*Obligations of Licentiates.*

"No Fellow or Licentiate of the College shall seek for business through the medium of advertisement, or by any other disreputable method, or shall consult with, advise, direct, assist, or have any professional communication with any person who professes to cure disease by the deception called homœopathy, or by the practice called mesmerism, or by any other form of quackery, or who follows any system or practice considered derogatory or dishonourable by physicians and surgeons. And be it furthermore resolved, that, in the opinion of the Council, it is inconsistent with professional propriety and derogatory to the reputation, honour, and dignity of the College, to engage in the practice of homœopathy or mesmerism, or any other form of quackery as hereinbefore set forth."

## PREVENTION OF CORRUPTION ACT, 1906.

[6 Edw. 7, c. 34.]

*An Act for the better Prevention of Corruption.* A.D. 1906.

4th August, 1906.

Be it enacted by the King's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows :—

Punishment of corrupt transactions with agents.

1.—(1) If any agent corruptly accepts or obtains, or agrees to accept or attempts to obtain, from any person, for himself or for any other person, any gift or consideration as an inducement or reward for doing or forbearing to do, or for having after the passing of this Act done or forborne to do, any act in relation to his principal's affairs or business, or for showing or forbearing to show favour or disfavour to any person in relation to his principal's affairs or business ; or

If any person corruptly gives or agrees to give or offers any gift or consideration to any agent as an inducement or reward for doing or forbearing to do, or for having after the passing of this Act done or forborne to do, any act in relation to his principal's affairs or business, or for showing or forbearing to show favour or disfavour to any person in relation to his principal's affairs or business ; or

If any person knowingly gives to any agent, or if any agent knowingly uses with intent to deceive his principal, any receipt, account, or other document in respect of which the principal is interested, and which contains any statement which is false or erroneous or defective in any material particular, and which to his knowledge is intended to mislead the principal ; he shall be guilty of a misdemeanour, and shall be liable on conviction on indictment to imprisonment, with or without hard labour, for a term not exceeding two years, or to a fine not exceeding five hundred pounds, or to both such imprisonment and such fine, or on summary conviction to imprisonment, with or without hard labour, for a term not exceeding four months, or to a fine not exceeding fifty pounds, or to both such imprisonment and such fine.

(2) For the purposes of this Act the expression "consideration" includes valuable consideration of any kind ; the expression "agent" includes any person employed by or acting for another ; and the expression "principal" includes an employer.

(3) A person serving under the Crown or under any corporation or any municipal, borough, county, or district council, or any board of guardians, is an agent within the meaning of this Act.

**Prosecution of offences.**

2.—(1) A prosecution for an offence under this Act shall not be instituted without the consent, in England of the Attorney-General or Solicitor-General, and in Ireland of the Attorney-General or Solicitor-General for Ireland.

**22 & 23 Vict. c. 17.**

(2) The Vexatious Indictments Act, 1859, as amended by any subsequent enactment, shall apply to offences under this Act as if they were included among the offences mentioned in section 1 of that Act.

(3) Every information for any offence under this Act shall be upon oath.

(4) The expenses of any prosecution on indictment under this Act shall be defrayed as in cases of indictment for felony.

(5) A court of quarter sessions shall not have jurisdiction to inquire of, hear, and determine prosecutions on indictments for offences under this Act.

(6) Any person aggrieved by a summary conviction under this Act may appeal to a court of quarter sessions.

**Application to Scotland.**

3.—This Act shall extend to Scotland, subject to the following modifications :—

(1) Section 2 shall not extend to Scotland :

(2) In Scotland all offences which are punishable under this Act on summary conviction shall be prosecuted before the sheriff in manner provided by the Summary Jurisdiction (Scotland) Acts.

**Short title and commencement.**

4.—(1) This Act may be cited as the Prevention of Corruption Act, 1906.

(2) This Act shall come into operation on the first day of January, nineteen hundred and seven.

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*Code of Ethics adopted by the Birmingham and District General Medical Practitioners' Union, December, 1902.*

*Section I.—General.*

1. No member shall lower the dignity of the profession by the following or any similar practices :—

(*a*) Soliciting private practice, either personally or by advertisement in the newspapers, by placards, or by the distribution of circulars, cards, or handbills.

(*b*) Deriving pecuniary profit from the sale of any secret remedy.

(*c*) Entering into any compact with a chemist to receive a share

in the profits arising from the sale of medicines prescribed, or medical or surgical appliances.

(*d*) Publishing or sanctioning the publication of reports of cases or operations or letters of thanks from patients in non-professional newspapers or journals.

(*e*) Covering persons who are not registered under the Medical Acts.

(*f*) Keeping an open shop.

(*g*) Agreeing to attend any patient on the terms of "no cure, no pay."

*Section II.—Consultations.*

1. No member shall meet in consultation any practitioner who is not registered.

2. Every member shall endeavour to observe punctuality in consultation appointments. If the medical attendant has not arrived within a reasonable time (*e.g.*, a quarter of an hour) after the appointed hour the consultant shall be at liberty to see the patient alone, and should leave his conclusions in writing in a closed envelope.

3. The duty of announcing to the patient's friends the result of the consultation shall be mutually arranged between the medical attendant and consultant.

4. Differences of opinion should not be divulged unnecessarily; but when there is an irreconcilable difference of opinion, the circumstances should be frankly and impartially explained to the patient's friends. It is open to them to seek further advice, either, as is preferable, in consultation with those already in attendance, or with the medical attendant only.

5. The attendance of a consulting practitioner shall cease when the consultation is concluded, unless another appointment is arranged by the medical attendant.

6. When it becomes the duty of a practitioner occupying an official position to see and report upon a case of illness or injury, he should, as a matter of courtesy, whenever practicable, communicate with the practitioner in attendance, so as to give him the option of being present. The practitioner seeing the case officially shall scrupulously avoid interference with, or remarks upon, the treatment or diagnosis that has been adopted.

7. When a consultant in his rooms sees a patient at the request of his medical attendant, it is his duty to write to the latter, stating his opinion of the case, with the mode of treatment he thinks should be adopted.

*Section III.—Attendance on behalf of another Practitioner.*

1. A member entrusted with the care of the practice of a professional friend, during sickness or absence, shall not charge either the patient or the absent practitioner for his services, except in the case of a special arrangement between the practitioners.

2. A member called upon in an emergency to visit a patient, who under ordinary circumstances would have been attended by another practitioner, shall, when the emergency is provided for, retire in favour of the ordinary medical attendant, but shall be entitled to charge the patient for his services.

3. When a member is called to a case of obstetric emergency during the temporary absence from any cause of the proper medical attendant, he shall cease his attendance when the emergency has been provided for, or on the arrival of the proper medical attendant; but if in the meantime he has assisted at the patient's delivery, or has been detained for a considerable time, he shall be entitled to receive a portion of the fee. Nevertheless the emergency practitioner shall be entitled to attend in a subsequent confinement if asked to do so; but if he has attended at the request of a practitioner, he shall obtain the consent of the original attendant before doing so.

4. When a member is consulted by a patient whom he has previously attended during the course of the same illness at the request of another practitioner, he may propose a consultation with the said practitioner, but shall decline to take charge of the case.

*Section IV.—Interference.*

1. When a member is requested to attend a patient already under the care of another practitioner (the case not being one of emergency), he shall decline to do so, except in consultation with the practitioner in attendance, or, in case the consultation be not agreed to, until the practitioner in attendance has been informed (in writing, if possible) that his services are no longer desired.

2. When a practitioner is consulted at his own residence, it is not necessary for him to inquire if the patient is under the care of another practitioner, but if that fact shall transpire, the interest of the patient or courtesy may require that the medical attendant be informed of the consultation and its results.

*Section V.—Miscellaneous.*

1. No member shall receive commissions from tradespeople in return for recommending them or their wares, or from dentists for

recommending patients, nor shall he pay commissions to hotel proprietors, lodging-house keepers, monthly nurses, midwives, or others for introduction to cases.

2. No member shall wittingly allow himself to be described as "following" a midwife.

3. No member shall associate himself with medical aid associations or clubs in which a house-to-house collector is employed, unless the club declines to accept new members.

4. Members shall not permit their names to appear on any premises of which they hold no tenancy, except in widespread country districts. This does not apply to legitimate branch surgeries.

5. A scale of fees shall not be publicly exhibited.

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BELL AND BAIN, LIMITED, PRINTERS, GLASGOW.

KV-701-982